

# **GENDER EQUITY AND WOMEN EMPOWEREMENT II: GBV COMPONENT**

**GENDER BASED VIOLENCE IN TEN DISTRICTS OF TANZANIA**

**BASELINE SURVEY**

**DECEMBER 2012**

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## Abbreviations and Acronyms

AG	Attorney General
ASP	Assistant Superintendent of Police
AIDS	Acquired Immune Deficiency Syndrome
CBOs	Community Based Organizations
CEDAW	Convention on the Elimination of all forms of Discrimination against Women
CRC	Convention on the Rights of the Child
CSOs	Civil Society Organizations
CEDAW	Convention on the Elimination of all forms of Discrimination against
DCI	Director of Criminal Investigation
DNA	Deoxyribonucleic Acid
DMO	District Medical officer
DPP	Director of Public Prosecutions
DSWO	District Social Welfare Office
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
GBV	Gender Based Violence
GEWE II	Gender Equity and Women Empowerment II
HBS	Household Budget Survey
HIV	Human Immune Deficiency Virus
KI	Key Informants



MDGs	Millennium Declaration and Development Goals
MKUKUTA	Mkakati wa Kukuza Uchumi na Kupunguza Umaskini Tanzania
MoEVT	Ministry of Education and Vocational Training
NGOs	Non-Government Organizations
NSGD	National Strategy for Gender Development
PEP	Post Exposure Prophylaxis
PF3 form	Police Form 3
PSLE	Primary School Leaving Examination
REPOA	Research on Poverty Alleviation
SADC	Southern African Development Community
SGBV	Sexual and Gender-Based Violence
SPSS	Statistical Package for the Social Sciences
SV	Sexual Violence
STIs	Sexually Transmitted Infections
TAMWA	Tanzania Media Women's Association
TB	Tuberculosis
TGNP	Tanzania Gender Networking Programme
THMIS	Tanzania HIV/AIDS and Malaria Indicator Survey
TV	Television
UDSM	University of Dar Es Salaam
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees



UN-SC	United Nations Security Council
VAW	Violence against Women
SPSS	Statistical Package for the Social Sciences
SV	Sexual Violence
STIs	Sexually Transmitted Infections
UN	United Nations
VAW	Violence against Women
VEO	Village Executive Officer
VETA	Vocational Education and Training Authority
ZAFELA	Zanzibar Female Lawyers Association



## Definition of Terms

1.	Domestic violence	Refers to a pattern of abusive behaviors by one or both partners in an intimate relationship such as marriage, dating, family, friends, or cohabitation.
2.	Economic abuse	Refers to any act of preventing someone from having access to resources, refusing to meet the fundamental needs (food, drink, clothing, shelter, etc ...) of a family member (wife, child, father, mother, grandfather or grandmother) or of the whole family.
3.	Emotional and psychological abuse:	It refers to picking on children, abducting children ; controlling the outings and the relationships ; imposing specific behaviour, despising, undermining the value of a person, denigrating a person, bullying, keeping somebody in the background, refusing to speak ; threatening, threatening with death, use of emotional blackmail, insulting, debasing.
4.	Gender	It denotes the social characteristics assigned to men and women by a given society
5.	Gender equity	It is the process of being fair to women and men. To ensure fairness, strategies and measures must often be available to compensate for

		women historical and social disadvantages that prevent women and men from otherwise operating on a level field.
6.	Gender equality	Refers to the premise that women and men should equally benefit from resources, services and chances within their societies. Gender equality does not mean sameness of women and men, but that women and men must have equal rights, chances and opportunities in all areas of the economy and society if real sustainable economic and social development is to be achieved.
7.	Gender-Based Violence (GBV)	<p>It is any act perpetrated against somebody's will and resulting from the biological characteristics of her/his specific role as a sexual human being. It happens due to beliefs, traditions, behavior or attitudes that are harmful towards the individuals according to their sex.</p> <p>According to CEDAW GBV refers to incidents, gestures, situations or words likely to compromise the physical and moral integrity of another human being constitute acts of violence.</p> <p>TAMWA define GBV as an umbrella term for any act, omission, or conduct that is perpetuated against a person's will and that is based on socially ascribed differences (gender) between males and females.</p>
8.	Human rights	Basic rights and freedoms that all people are entitled to regardless of nationality, sex, national or ethnic origin, race, religion, language, or

		other status
9.	Physical violence:	It refers to slapping, beating with or without an object, threatening with a weapon, attempts to strangle or murder, locking a person in or preventing them from going out, abandonment on the roadside (by ordering out of the car), preventing a person from going .to one's home.
10	Sex	It refers to the biological characteristics of a male or female person (anim13.al). These characteristics are congenital and their differences limited to their physiological reproductive functions.
11.	sexual gender-based violence	It is GBV that is linked to sex, whose compelling forces are related to family, economic, social, and cultural precedents that encourage unequal power relationships between men and women, conferring an attitude of superiority and domination on the perpetrator and an attitude of subordination on the victim
12.	Sexual abuse	Refers to any act of forcing someone to have intercourse under duress, imposing unwanted sexual practices and touching, forced sexual

		intercourse with other people; rape and sexual abuse of children, defilement and incest, forced sodomy
13.	Survivor	It refers to someone, a child or an adult male or female, who has been physically, sexually, and/or psychologically violated because of his/her gender
14.	Violence»	It refers to violent behavior as a means of control and oppression under the emotional, physical, social, economic aspect of coercion
15.	Verbal abuse:	It refers to insults, vulgar words
16.	Women empowerment	It refers to provisioning of resources to women in disadvantaged situations, so that they can strengthen their capacities in order to fully participate in the community and to articulate their interests

## **Executive Summary**

The survey was conducted by TAMWA research team, supported by DANIDA. The Overall Objective of the Survey was: To establish the status of gender based violence in the project districts of Kinondoni, Ilala, Kisarawe, Wete, Unguja West, Mvomero,, Lindi Rural, Ruangwa, Newala and Unguja South The study objectives is To establish benchmarks to each indicator for project implementation which will be the basis for regular monitoring of Gender Equality and Women Empowerment Initiatives.

### **Methodology:**

The survey was conducted using quantitative and qualitative methods. Data was collected from households, focus group discussion and key informants.

### **Key Findings:**

Tanzania's commitment to gender equality is clearly indicated in its Constitution and in the signing and/or ratification of major international instruments that promote gender equality and human rights. At regional level, Tanzania has signed and/or ratified number of instruments including; African Union Charter and its Protocol on Human and Peoples' Rights; Charter on the Rights of Women in Africa (2003); Southern African Development Community (SADC) Gender Declaration (1997) and its Addendum on the Prevention of Violence against Women and Children of Southern Africa (1998); and SADC Protocol on Gender and Development (2008).

National legal, policy and institutional frameworks are conducive to the promotion of gender equality and women's empowerment. Key components of the policy framework include; The Tanzanian Development Vision 2025; National Strategy for Growth and

Reduction of Poverty 2005-2010 (MKUKUTA); National Women and Gender Development Policy 2000, and the associated National Strategy for Gender Development (NSGD) 2005.

A total of 2300 households were interviewed, 240 from each district except for Kisarawe which had 122. Of the respondents 23.6% were male and 76.4 were females. Majority of the respondents were from age group 20-39. About 82.1% of respondents had completed primary education with very few 2.1% completed college/university education. As regards to employment 62.6% engaged in Agriculture and very few in mining 1.8%. Majority of respondents are married monogamous and about 10.9% are divorced. 81.9% knows how to read and write but Lindi rural has the lowest about 59.6%. About 50.1% of respondents lives with about one to two dependants and Lindi rural is leading with 61.9%. In terms of engagement into income generating activities only 14% are member of income generating activities.

On decision making only 44.5% have ability to sale their assets without permission from their husbands and 13.5% are members of community based associations, particularly women association 34.8%. Majority have joined the community based association about two years ago 36.6%. About 28.9% are board member/holding a leadership position and 69.6 % have voted in the last parliamentary election in 2010. Of those who voted 97.5% decided to vote themselves without the influence of their husbands.

As regards to media coverage of GBV 56.9% acknowledged that they have heard/read special radio, television and newspaper programme for the last twelve months and radio programme was leading 56.8%. The most popular GBV theme in the media was physical violence 26.6% followed by gender equality 20.6%.

On knowledge in GBV, only 17.8% are aware of GBV laws and only 5.0% of women are able to express their opinion in the public meeting, local government, religious leaders meeting on GBV. About 4.8% of women are member of council

advisory team for any community conflict resolution.

Gender case reporting faces big challenge of under reporting and majority of GBV cases are reported at local government authorities 46.7%. Knowledge of GBV is low among the women only 10.8% have GBV education. As regards to quality of relationship and credibility between women and policy makers the status is not encouraging only 28.0% acknowledged that there has been some improvement of relationship. Awareness of rights among women are also very low relatively right to education is more familiar 37.3 % than any other right. The concept of Gender equality is not well known among the women only 14.2% as compared to women empowerment 22.5%. Women confidence and particularly on making household decisions are low as well as weak in influencing important decisions in the community.

Incidents of GBV are under reported, making it difficult to ascertain the exact magnitude of the problem. Nevertheless, the problem of GBV is a serious and difficult one to handle.

The GBV survivors fail to report due to poverty and unable to follow the costly and bureaucratic procedure of seeking justice. The stigmatization attached to the survivor makes them withdraw from reporting. In case of defilement, some parents see that as an opportunity of getting money from the suspected defiler.

The list of offenders includes boys, men, and male teachers. GBV has far reaching and devastating effects on the survivor, the family, community and government. There are the emotional, psychological and social consequences of SV which mainly affect the survivor and their family. Health related consequences which affect the survivor, the child and even the offender especially the sexually transmitted diseases. These include reproductive health complications and sexually transmitted diseases including HIV/ AIDS. The strain on the government and community resources and support systems were also reported.

There are no structured coping mechanisms, after GBV attack the survivor may decide; to forgive/tolerate; Husband/ wife hibernate to somewhere else; In order to prevent girl child pregnancy many parents have decided to take their children to hospital for family planning - Girls are taking DEPO; Others include committing suicide; and seeking help from various areas including Police, Relatives or Paralegal centers

### **Recommendations are:**

- ❖ Strengthening collaboration among the institutions dealing with handling GBV cases;
- ❖ The department of Social welfare should be provided with the financial support to reach to the inaccessible places where GBV occurs;
- ❖ Social development structure should be improved to reach grassroots level;
- ❖ Hospitals and health centers should be provided with all necessary equipments and adequate medicines for GBV survivors;
- ❖ Sensitize all medical doctors and health centers to treat GBV survivors without PF3 and then, the survivor can be referred to various places like police and social welfare offices;
- ❖ Shortening time taken by the court on GBV cases.
- ❖ The GBV survivors need to provide full cooperation to the police.
- ❖ Education on human right and other rights should be provided in ten districts;
- ❖ Community based organizations should work and expand their services to GBV survivors in rural areas and should not concentrate in towns only;
- ❖ There should be the law for regulating uses of communication technology, TV, phone because they are the source for the children who practice sex at early ages;



- ❖ Social welfare office put the record on monitoring the progress of the survivor cases and their destination.
- ❖ Sensitize families not to conclude GBV cases at the family level. The most challenge is the community or family member readiness to give the cooperation on giving details of real situation for this violence.
- ❖ Gender education is mostly needed to the society.
- ❖ The girls and women themselves need to be sensitized and empowered in school and other gatherings.
- ❖ Establishment of a system where communities are equipped with women's rights and are able to advocate against GBV
- ❖ There is need to establish human rights centers/ bodies in the district where the community members can report - even the misdeeds of police since sometimes cases are mishandled because of corruption.
- ❖ There is need for more intense community sensitization on issues concerning GBV in collaboration with local government authorities, the community, religious leaders and teachers. Also, by use of mass and electronic media like local radio stations existing in the ten districts, masses could be reached and awareness rose.
- ❖ Existing women groups should be used to conduct sensitization through drama. The community should be educated about the dangers of GBV, the causes and effects as well as the ways of reporting.
- ❖ More sensitization of local government authorities, health personnel, political leadership, and religious leaders is needed. The sensitization should cover the procedures as to when to report GBV cases and where.
- ❖ Government to invest money so that GBV survivors are assisted with transport costs instead of the survivors having to incur all the costs of litigation which in most cases they do not have.
- ❖ Police should be assisted and facilitated to expedite the process of investigation.

- ❖ Community policing should be further encouraged.
- ❖ Different stakeholders should be involved so that GBV cases are handled properly like the preservation of evidence, and the knowledge that priority has to be given to medical examination.
- ❖ There should be extensive GBV education in schools so that the children are taught enough skills of how to avoid being victim of GBV. Even the parents and the whole community need such information so that they can look after their children as well.
- ❖ Awareness messages should be encouraged as a way of warning different categories of community about the dangers of involving themselves in GBV.
- ❖ Counseling and guidance should be offered and given priority.
- ❖ Community should be encouraged to report GBV cases.
- ❖ There should be regular meetings and conduct talk shows to educate the community on GBV.
- ❖ There is a need of GEWE II partners to raise community awareness on all types of their rights and how to demand them
- ❖ GEWE II should conduct community sensitization on issues of GBV. This will enable the community to be aware and fight against it.

Key Action Points for GEWE II that need to be considered during implementation includes; Creating a common understanding on operational definition of GEWE II terminologies of equality, gender empowerment, rights and gender based violence; Mass Sensitization and reduction of GBV; Strengthening the Capacity of Partners advocating for Anti GBV; Establishment of one stop responsive network on GBV; Creating awareness amongst the Community on the existing Mechanisms for Coping with GBV;

Formation of GBV Media Groups; Development of GBV Communication Strategy; Strengthening Coordination of GEWE II implementation; and Strengthening Coordination of GEWE II monitoring and evaluation system

## Background

The Constitution of Tanzania prohibits gender-based discrimination but the country's legislation has yet to be adjusted to support this principle. In general, legal protection for women remains limited; in part because Tanzania's judicial authorities take into accounts both customary and Islamic Sharia laws.

The country is a multicultural society, comprising a variety of ethnic groups and different religions. Traditional views of the role and place of women still dominate, yet married women often face the greatest degree of discrimination. There is some evidence that public debate on these issues is on the rise

Tanzania's commitment to gender equality is clearly indicated in its Constitution and in the signing and/or ratification of major international instruments that promote gender equality and human rights, including the: Human Rights Declaration (1948); United Nations Convention on the Elimination of all Forms of Discrimination Against Women (1979); Convention on the Rights of the Child (CRC) (1989), which has a special focus on the girl child; Beijing Platform for Action (1995) on women's economic and political empowerment, education and training; Vienna Human Rights Declaration (1994); Cairo Population Declaration (1994); Millennium Declaration and Development Goals (MDGs), with MDG-3 on gender equality and women's empowerment; and United Nations Security Council (UN-SC) Resolution 1325 (2000) and Resolution 1820 (2006) on gender equality, protection and participation of women in conflict resolutions, peacemaking and state-building.

At regional level, Tanzania has signed and/or ratified the following instruments: African Union Charter and its Protocol on Human and Peoples' Rights; Charter on the Rights of Women in Africa (2003); Southern African Development Community (SADC) Gender Declaration (1997) and its Addendum on the Prevention of Violence against Women and Children of Southern Africa (1998); and SADC Protocol on Gender and Development (2008).

National legal, policy and institutional frameworks are conducive to the promotion of gender equality and women's empowerment. The Constitution of the United Republic of Tanzania guarantees equality between men and women, and supports their full participation in social, economic and political life. Key components of the policy framework include: The Tanzanian Development Vision 2025; National Strategy for Growth and Reduction of Poverty 2005-2010 (MKUKUTA); National Women and Gender Development Policy 2000, and the associated National Strategy for Gender Development (NSGD) 2005.

The rights of Tanzanian women within the family are poorly protected. The minimum legal age for marriage is 15 years for women and 18 years for men, but the law allows exceptions for girls aged 14 years under "justifiable" circumstances. There is a high incidence of early marriage in Tanzania: a 2004 United Nations report estimated that 25 per cent of girls between 15 and 19 years of age were married, divorced or widowed. In Tanzania about 60 percent of women in Tanzania live in absolute poverty. This is a result of the increasing poverty among the rural and urban population generally, the growing gap between the rich and poor; women and men; and among women themselves. Tanzanian law recognizes three types of marriage: monogamous, polygamous and potentially polygamous. Polygamy requires the agreement of the first wife. Almost one-quarter of Tanzanian women live in polygamous marriages.

In 1998, the government passed a law on sexual assault, which addresses both rape and incest. The law also criminalizes spousal rape, but only if the couple is legally separated. Rape is now punishable by life imprisonment or by 30 days in prison with corporal punishment; offenders must also pay financial compensation to their GBV survivors. Despite these measures, rape remains a serious problem. More than 10 per cent of Tanzanian women are thought to have suffered a sexual assault, but this figure may be low because very few women register complaints.

The Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS) 2007/08 found that four in ten women aged 20-49 years were married before their 18th birthday, and 62 per cent married before they reached 20 years of age (Tanzania Commission for AIDS,

et al., 2008). In contrast, only one in 20 men (5 per cent) married before their 18<sup>th</sup> birthday, and 14 per cent married before age 20. The median age at first marriage for women and men is 18.8 and 24.3 years, respectively, a difference of 5.5 years. The median age at first marriage has risen over time from 17.6 years among women aged 45-49 years to 18.7 years among women aged 20-24 years.

The proportion of women married by age 15 declined from 16 per cent among women aged 45-49 years to 5 per cent among women aged 15-19 years. Urban and more educated women marry at a later age.

Female genital mutilation (FGM) is common in Tanzania. On a national scale, it is estimated that one in six women have been subjected to the practice but the incidence varies widely from region to region. Circumcision is the most common form of excision, but infibulations (which involves closing the outer lips of the vulva) is also practiced, mainly in the northern and central Tanzania. The practice is systematic in some ethnic groups; others groups are believed to prohibit women who have not undergone FGM from marrying.

In Tanzania women's legal and human rights were constrained by inadequate legal literacy among women. The main reason being that the existing legal system does not reach the majority of women who live in rural areas. There is also discriminatory application of statutory laws, inadequate legislative protective mechanism such as protection orders, baring orders and safety orders in the legal system and insensitive investigations and prosecution of cases involving violence against women and children

The government of Tanzania has taken steps to improve legislation in regard to women's ownership rights, but restrictive customary laws are still very widespread. The 1999 Land Act gives Tanzanian women the right to obtain access to land, including the right to own, use and sell land. The Village Land Act ensures that women are represented on land allocation committees and

land administration councils. Although Tanzania's Law of Marriage Act grants women certain ownership rights, including access to property other than land, customary and Islamic laws that undermine these rights prevail within the Muslim community.

A 2004 amendment to the Land Act gave Tanzanian women the right to access to bank loans. In addition, a women's development fund was established in 1993 to facilitate access to commercial loans and encourage women to participate in the economic sector. However, customary practices continue to restrict women's access to loans and credit.

Education is a key to liberation and an important tool to alleviate socio-economic problems. Women face numerous constraints to access education and training at all levels. The problems include the unfriendly pedagogy especially in the teaching of mathematics, technical and science subjects, which require competitiveness and some degree of assertiveness which girls often lack. Truancy, pregnancy, economic hardships and early marriages constrain girls from completing their schooling. Existing social attitudes favour and promote boys' education and pay less interest in the education of girls.

The Household Budget Survey 2007 captured data for literacy. For the population over 15 years, the overall literacy rate was 72.5 per cent. There has been a slight improvement in the literacy rate for women since HBS 2000/01, from 64 to 66.1 per cent. For men, the literacy rate remained almost the same over this period – 79.6 per cent in 2000/01 and 79.5 per cent in 2007.

There are significant gender differences in exam performance; the percentage of girls who passed the PSLE was 46 per cent in 2008 compared with 60 per cent of boys. Gender equity in enrolment begins to suffer at secondary level. Nationally, in 2009, the percentage of all Form 1 students who were female was 44.6 per cent; in government secondary schools girls accounted for 43.9 per cent of the intake, in private secondary schools 52.6 per cent of the intake. An even bigger drop in the percentage of female pupils comes by the end of Form 6; at that point girls account for only about one-third of the total enrolment (35 per cent in government schools, 45 per cent in private schools).

The representation of females in enrolment at tertiary levels of education continues to decline; 34 per cent of those enrolled in higher education institutions in 2008/09 were female (31,820 female students out of a total of 95,525) (MoEVT, 2009). Affirmative action has led to increased enrolment of female students at the University of Dar es Salaam (UDSM) from 27 per cent in 2001/02 to 38 per cent in 2005/06 (UDSM, 2006).

Courses provided through the Vocational and Technical Training Authority (VETA) enrolled 114,399 students in 2008, down from 145,423 in 2007. In both years, female students accounted for 47 per cent of total enrolment, with wide variation by course, for example, 17.6 per cent of students in engineering and other science were women compared with 64.6 per cent in health and allied science (MoEVT, 2008).

The THMIS 2007/08 estimated national HIV prevalence among adults (aged 15-49 years) to be 5.7 per cent, down from 7 per cent in 2004. Prevalence among women is higher than among men (6.8 per cent and 4.7 per cent respectively).

The main drivers of the epidemic are transactional sex, low condom use, trans-generational sex and gender inequalities.

Women predominate in the younger age groups and comprise an estimated 61 per cent of all adults living with HIV, a reflection of the higher vulnerability of women to HIV infection and generally lower status of women in social and sexual contexts.

Women and men have been found to enter the labor force in different ways, and on different terms, not only in Tanzania, but worldwide. Differences are found between women and men, as well as among different groups of women (rural-urban; rich-poor; educated – non educated) and men.

Labor Force participation rates for females are consistently lower than for males regardless of education level. The greatest gender disparity is found among individuals with secondary education and above.



Females are a little more likely to be unemployed than males i.e. 13 percent compared to 11 per cent of males. Agricultural activities employ the largest share of the population, and that a larger proportion of females (79.7 per cent) are engaged in agriculture than males (70.6 per cent).

Women have even more limited access to credit because they commonly lack ownership rights in land or property to serve as collateral. Female-headed households represented almost 20 per cent of all households, but only 13 per cent of households who accessed credit were female-headed. Moreover, female-headed households were much less likely to access credit through the formal channel of cooperatives only 15 per cent obtained their credit from this source, compared with 38 per cent of male-headed households.

Of those who were engaged in the informal sector, more than half of the men and women worked in wholesale or retail trade and just over 14 per cent work in manufacturing. The Government will intensify efforts to encourage women to participate in International Trade Fairs so that a wider audience sees their products. The number of women participating in International Trade Fairs has been increasing from 100 in 1996 to 200 in 1999 and the quality of their products has improved. Efforts to mobilize women to participate in International Trade Fair have been done by the Government and NGOs dealing with poverty alleviation and businesswomen association. The proportion of females working in hotels and restaurants was noticeably higher than that of males. On the other hand, the proportions of males in construction and in mining/quarrying were over four times greater than the proportions of females in those industries.

Among reasons given for being engaged in the informal sector, over one-third of respondents reported that they could not find other work, while nearly 40 per cent of women and one-quarter of men reported that their families needed additional income. The need for additional income was the overriding reason for secondary activities in the informal sector.

The unemployment rate for females was higher than for males, and especially in Dar es Salaam, where 40 per cent of females were unemployed, compared with 23 per cent of males. Unemployment rates in rural areas were much lower 8.1 per cent for males and 7.0 per cent for females and the gender difference were small.

Traditionally the position of women in Tanzania has been low compared to men. Women were not expected to influence the decision-making processes from domestic level to the national level. In the family attitudes, which consider men as heads of households, exists. These attitudes are rigidly based on patriarchal structures, which limit women voices from influencing allocation of domestic resources. At national level, the existing attitudes influence the election and appointment of women to high profile positions and hence limit women's voices from impacting decision making and the planning process.

The second thrust was on increasing the number of women in decision making positions and this was to be achieved through Government appointments and other public structures. The Cabinet Decision no 23 of 1996 among other issues endorsed for implementation the increase of women in all decision making levels such as Board of Directors, Heads of Institutions, Commissioners and in national delegations. The other strategy was gender mainstreaming the civil service and creation of a database on women and their qualifications for use by appointing authorities

The proportion of women representatives in Parliament has reached the MKUKUTA target of 30 per cent following national elections in 2005, largely as a result of special seats which are reserved for women. Of the 323 members of the National Assembly, 98 seats are held by women, of which 75 are special seats and only 17 were elected. In contrast, the representation of women in local government remains low. Only 5 per cent of elected district councilors are female. The Constitution of the United Republic of Tanzania provides for 30% special seats for women in Parliament and 33.3% special seats in the Local Councils.

The physical integrity of Tanzanian women is not sufficiently protected. In fact, the number of complaints filed in relation to violence against women has increased in recent years. Such violence remains very widespread, and the law neither prohibits nor punishes

domestic violence. More than half of Tanzanian women are thought to have been beaten by their husbands; many men and women consider such acts legitimate if the husband objects to his wife's behavior.

Like many societies in Africa, customary laws and practices remain discriminatory against women on issues of property inheritance particularly on land, as well as institutionalized violence against women e.g. wife battering, rape, female genital mutilation and the existence, side by side, of a multitude of statutory, religious and customary laws that might be conflicting.

Percentage of sexual offences reported, based on statistical records from the Ministry of Home Affairs has increased since 2003 (3,577 cases) and rose sharply in 2007 (9,441 cases). It is unlikely that the sharp increase in 2007 can be explained only by an increase in the incidence of offences, rather it may reflect that citizens, women in particular, are increasingly aware of their rights and, as a result, seek formal/official channels of redress and justice.

## ***1.2 Prevention and Response to GBV Project***

Tanzania Media Women's Association (TAMWA) and its partners Tanzania Gender Networking Programme (TGNP), Tanzania Association of Women Lawyers (TAWLA), Zanzibar Female Lawyers Association (ZAFELA) and Crisis Resolving Centre (CRC) are implementing Gender Equality and Women Empowerment GEWE II with emphasis on prevention and reduction of Gender Based Violence (GBV) . The project duration is two years from October 2012 to September 2014 funded by the Government of Denmark. Geographically, the project covers ten Districts of Wete(Pemba kaskazini), Magharibi (Unguja), Kusini Unguja (Kusini Unguja), Kisarawe (Pwani), Newala (Mtwara), Lindi rural (Lindi), Mvomero (Morogoro) and two districts of Kinondoni, Ilala, Temeke (Dar es Salaam). The project specifically cover 10 villages per each District.

The Objective of GEWE II, is prevention and response to GBV promoted through transforming and strengthening of legal frameworks, policies and mechanisms for public and community action.

The expected Outcome are:

1. Legal and policy framework on GBV transformed and updated
2. Improved mechanisms and response to GBV issues at all levels
3. Empowerment of survivors and communities in taking action against GBV.

A total of four outputs of the project were drawn from the above mentioned outcomes in their chronological order whose main activities are described below each output result.

1. Media coverage on GBV related issues increased.
  - 1.1.** Produce and disseminate training manual for training journalists on how to report on GBV issues effectively
  - 1.2.** Train media actors from Mainland Tanzania and Zanzibar on how to report GBV effectively.
  - 1.3.** Conduct evidence based media advocacy through journalistic survey, newsworthy press statements, press conference, regular media visits and coverage in targeted areas, TV spot and programs, Radio spot and programs, features and news stories, newsletter and posters with strategic GBV messages.
2. Enhanced collective activism on GBV issues.
  - 2.1.** Establishment of One Stop Centres/knowledge centres to facilitate legal remedy procedures, media use, popular GBV materials, knowledge, and sharing and community activism.

- 2.2. Strengthen grass roots/district GBV mechanism, and network, CBOs, Community members for Tanzania mainland and Zanzibar.
- 2.3. Facilitate community social gender analysis, animation, community and national debates, use of online social media and creative arts, gender and advocacy training.
3. Strengthened capacity of institutions dealing with GBV issues
  - 3.1 Conduct GBV trainings and discussions to police officers, DPP, DCI, AG chambers, medical officers, magistrates, community leaders.
  - 3.2 Establish and advocate/institutionalize mechanisms/procedures for handling GBV cases.
  - 3.3 Mapping exercise to establish the current GBV trend including capacity assessment of the GBV institutions, media coverage, policies and legal framework, legal access and gender mainstreaming
4. Improved legal and policy frameworks responding to GBV at all levels.
  - 4.1. Conduct review and analysis on relevant laws and policies on GBV related issues in Mainland Tanzania and Zanzibar.
  - 4.2. Conduct advocacy meetings with various stakeholders on laws related to GBV.
  - 4.3. Provide legal aid, legal outreach and counselling services.

### **1.3. Study Objective**

The main objective of the study is to establish benchmarks to each indicator for project implementation which will be the basis for regular monitoring of Gender equality and women empowerment initiatives.

### ***1.4 Purpose of the Survey on GBV***

The purpose of undertaking the baseline survey is to enable the GEWE II to :-

1. Identify and analyse the GBV prone villages in the target area ( 10 districts) to be used as focal places for the project intervention.
2. Describe community and women group's definitions of "equality" "empowerment" and "rights" using methodology to be shared by the project's stakeholders.
3. Present a brief literature review of GBV coverage in the media with preference to the 10 targeted districts.
4. Examine the thrust of women interaction with the media particularly in addressing GBV cases and complaints.
5. Identify and analyze the nature and quality of interaction between women and local governance institutions, and how these interactions affect women empowerment with the view of analysing level that the existing social, political and cultural barriers slow down women empowerment.
6. Look at women empowerment status on key issues regarding their social political development which cover power to, power over and power within commonly known as activism.
7. Examine the structures related to GBV response from the local level to the national level.
8. Assess the extent that women exercise their rights and how their rights are recognized in the law or local institutions.
9. Assess the relevance of the project indicators and the log frame, update the necessary and collect relevant data relating to those indicators.
10. Assess the potential impact of identified or emerging project risks/assumptions and collect information on their current operating status.

## 2.0 Methodology

This survey report was prepared based on primary and secondary data. The primary data was collected in ten districts of Wete(Pemba kaskazini), Magharibi (Unguja), Kusini Unguja ( Unguja), Kisarawe (Pwani), Mvomero (Morogoro), Lindi Rural (Lindi), Newara (Mtwara), Ruangwa (Mtwara), and two districts of Kinondoni and Ilala (Dar es Salaam). Secondary data was based on a review of several documents including government of United Republic of Tanzania policies, laws and protocols . Some of the key institutions from which data and research reports were obtained include the District Police stations in ten districts, Ministry of Community Development Gender and Children Development, REPOA Gender Indicators Report, and National Bureau of Statistics.

### 2.1 Study Area and Design

The study was conducted in Wete(Pemba kaskazini), Magharibi (Unguja), Kusini Unguja (Kusini Unguja), Kisarawe (Pwani), Mvomero (Morogoro), Newala (Lindi), Lindi Rural (Lindi), Ruangwa (Mtwara) and thwo districts of Kinondoni,and Ilala (Dar es Salaam). The ten districts were purposively selected on the basis of being GEWE II project areas. The villages and streets in the ten districts were also purposively sampled because they were easily reachable by interviewers given a limited time available for the survey. Study participants were drawn from a broad spectrum of categories of people including the elite, illiterate, employed, unemployed, business to mention but a few.

The study design was cross-sectional and descriptive study employing both qualitative and quantitative methods of data collection. The instruments used included questionnaire/surveys, interviews with key informants, focus group discussions and records.

## ***2.2 Sample Selection and Size***

The survey team purposively selected the villages and streets in each district to participate in the survey. The households in the villages and streets were randomly selected. A total of 2,300 households were covered by survey. The sample size was mainly to capture the description, perceptions and views of the respondents on gender based violence. In addition 20 teachers, 10 police officers, 26 district officials were reached while 24 focus group discussions (FGD) were conducted.

## ***2.3 Key informants***

The key informants for the study included the following categories

- Police,
- District Social Welfare Officers
- District chairpersons
- Out of school female students
- female students
- Health workers
- GEWE II partners' Programme Officers

For in-depth interviews and key informants, the team selected people of different categories as listed above. Other research instruments employed in the study included interviews with Key Informants (KI) and Focus Group Discussions (FGD). These were qualitative instruments to generate in-depth information on GBV. A FGD guide was provided for focus group participants in the categories of community members, female school



children and out of school youths. They were selected on the basis that they were part of the community, had lived-experience, knowledge and understanding of the community practices, habits, values and norms linked to GBV. They included women in reproductive ages and adolescent girls and out of school youth.

While quantitative data provided for broader description of the study variables and participants perceptions, deeper explanations and reflection about the subject matter were drawn mainly from the qualitative data. This approach that draws on mixed methods was found appropriate to study the complex and dynamics of GBV in communities.

During the survey, the study team upheld the research ethical value of confidentiality and assured respondents of confidentiality of their responses and that information would not be used for anything else other than the study. This was still held in the reporting of findings and preparation of the survey report given the sensitivity of GBV.

## ***2.4 Study Team***

The study team was selected from the GEWE II partners' organization members through competitive process. Those with skills, knowledge and experience in using Participatory Rural Appraisal were selected to carry out the survey exercise. Knowledge of the local languages of the survey communities was also considered.

A two days training workshop was organised to train the researchers about relevant research ethics and to pre-test the research tools. After the pre test, the necessary adjustments were made. The team of study team then proceeded to the communities to conduct the survey.

## **2.5 Methods and Tools of Data Collection**

The study methods and tools included:

1. Semi structured questionnaire for interviews used in each household.
2. An interview guide for Key informant Interviews.
3. A topic guide for Focus group discussions.
4. Document review involving a wide review of relevant documents on GBV such as research reports on women's economic and political participation. The pertaining policies, efforts by different stakeholders, were also reviewed.

## **2.6 Data Analysis and Management**

Quantitative data, completed questionnaires were reviewed on a daily basis by the researchers to ensure their completeness and accuracy. The quantitative data was analyzed using the Statistical Package for the Social Sciences (SPSS). In addition, Atlas Ti version 5 was employed for descriptive analysis, tabular expositions of the situation of GBV in the ten districts were presented. Responses from semi-structured questions were coded and entered along with pre-coded responses and were analyzed using SPSS. Descriptive analysis using Atlas.Ti was undertaken to give the situation of GBV in the districts.

Qualitative data was analyzed thematically. This involved developing broad themes and examining relationships underlying the emerging issues on forms, causes, magnitude among others. Qualitative data was used by the study team to understand the ideas and opinions that emerged and were related to

the analyzed quantitative data. The analysis led to the findings and interpretations contained in this report. Quality control was achieved through peer review meetings. The questionnaire was pre- tested to check its suitability, reliability, coherence and clarity. The study team was trained on the survey and discussed each question thoroughly to ensure that they understood the data required.

## 4.0 Key Baseline Study's' Findings

The key findings are presented under the following sub-sections:

Background characteristics of the households in the survey (project) areas. Demographic characteristics of the households, Socio-demographic characteristics of the respondents, economic characteristics of the households, Media coverage on GBV related issues, Civil society and political participation, self image/confidence and social position of women, households and decision making, collective activism on GBV and current GBV implementation status in ten districts.

### 4.1 Demographic Characteristics of Households

The survey was conducted in ten districts of Unguja South, Unguja West, Wete, Ilala, Kinondoni, Kisarawe, Lindi Rural, Mvomero, Ruangwa, and Newala. The total number of respondents was 2,300 of which 23.6% were males and 76.4 % were female. Age of respondents range from 10 years to 80 years, majority falls between age 30-39 which constituted about 28% of total respondents. The main occupations of the respondents are agriculture which employs 62.6% of the households. The highest level of education of the respondent was University; however, majorities 82.1% have completed primary level education. The details of variation of level of education reached, and the age of respondents are shown in table 1 below.

<b>TABLE 1: Age, Sex Characteristics of the Households</b>													
<b>Districts</b>	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80>	Male	Female	Level of Education of respondent		
											Primary	Secondary	College
Wete	36	66	59	31	25	16	31	25	58	186	187	44	7
	14.9%	27.3%	24.4%	12.8%	10.3%	6.6%	12.8%	10.3%	23.1%	76.9%	78.6%	18.5%	2.9%
Unguja	20	52	75	38	36	17	38	36	61	179	151	84	4

west	8.3%	21.7%	31.2%	15.8%	15.0%	7.1%	15.8%	15.0%	25.4%	74.6%	63.2%	35.1%	1.7%
Unguja	20	49	75	38	30	22	38	30	62	180	194	38	5
South	8.3%	20.3%	31.1%	15.8%	12.4%	9.1%	15.8%	12.4%	25.3%	74.7%	81.9%	16.0%	2.1%
Kisarawe	20	19	34	16	18	11	16	18	27	99	110	11	1
	16.1%	15.3%	27.4%	12.9%	14.5%	8.9%	12.9%	14.5%	20.2%	79.8%	90.2%	9.0%	0.8%
Mvomero	39	67	55	32	24	19	32	24	45	197	197	32	7
	16.1%	27.7%	22.7%	13.2%	9.9%	7.9%	13.2%	9.9%	18.6%	81.4%	83.5%	13.6%	3.0%
Newala	19	61	74	37	21	16	37	21	70	171	193	37	8
	7.9%	25.3%	30.7%	15.4%	8.7%	6.6%	15.4%	8.7%	29.0%	71.0%	81.1%	15.5%	3.4%
Lindi rural	3	30	91	46	45	23	46	45	68	176	239	5	0
	1.2%	12.3%	37.3%	18.9%	18.4%	9.4%	18.9%	18.4%	27.9%	72.1%	98.0%	2.0%	0.0%
Ruangwa	31	55	69	36	27	15	36	27	67	175	180	54	6
	12.8%	22.7%	28.5%	14.9%	11.2%	6.2%	14.9%	11.2%	27.7%	72.3%	75.0%	22.5%	2.5%
Kinondoni	38	67	54	37	25	15	37	25	47	195	192	40	6
	15.7%	27.7%	22.3%	15.3%	10.3%	6.2%	15.3%	10.3%	19.4%	80.6%	80.7%	16.8%	2.5%
Ilala	30	54	65	32	31	20	32	31	43	199	220	14	4
	12.4%	22.3%	26.9%	13.2%	12.8%	8.3%	13.2%	12.8%	17.8%	82.2%	92.4%	5.9%	1.7%
	256	520	651	343	282	174	174	57	543	1757	1863	359	48
Total	11.1%	22.6%	28.3%	14.9%	12.3%	7.6%	7.6%	2.5%	23.6%	76.4%	82.1%	15.8%	2.1%

#### 4.2 Social Demographic Characteristics of the Respondents

The marital status of respondents were 45.9 married monogamous, 20.1% single, Divorce 10.9%, 11.3% married polygamous. Kisarawe has highest percentage of married polygamous (15.7%), Unguja West has highest percentage of married monogamous

(65), Lindi has highest percentage of separation 19.7%, Kinondoni, Kisarawe and Mvomero have highest percentage of widow which are 13.8%, 13.2% and 13.0% respectively.

Table 2 below, summarizes occupation of respondents and their marital status.

<b>TABLE 2: OCCUPATION OF RESPONDENTS AND THEIR MARITAL STATUS</b>																
		<b>Occupation of respondents</b>										<b>Marital Status</b>				
Districts		Agriculture	Pastoralist	Fisher	Handicraft	Business	Government Employee	Private Employee	Student	Housework	Small miner	Single	Widow	Divorced/Separated	Married Monogamous	Married Polygamous
Wete	N	100	2	1	26	33	15	6	11	6	1	63	27	20	101	28
	%	49.8%	1.0%	0.5%	12.9%	16.4%	7.5%	3.0%	5.5%	3.0%	0.5%	26.4%	11.3%	8.4%	42.3%	11.7%
Unguja west	N	112	3	6	14	29	31	5	0	17	0	21	22	17	156	24
	%	51.6%	1.4%	2.8%	6.5%	13.4%	14.3%	2.3%	0.0%	7.8%	0.0%	8.8%	9.2%	7.1%	65.0%	10.0%
Unguja South	N	146	3	9	10	22	14	2	5	6	0	34	28	29	124	26
	%	67.3%	1.4%	4.1%	4.6%	10.1%	6.5%	0.9%	2.3%	2.8%	0.0%	14.1%	11.6%	12.0%	51.5%	10.8%

Kisara we	N	63	1	1	13	11	5	2	6	1	1	39	16	10	37	19
	%	60.6%	1.0%	1.0%	12.5%	10.6%	4.8%	1.9%	5.8%	1.0%	1.0%	32.2%	13.2%	8.3%	30.6%	15.7%
Mvome ro	N	104	5	1	25	36	9	4	16	1	1	71	31	16	89	32
	%	51.5%	2.5%	0.5%	12.4%	17.8%	4.5%	2.0%	7.9%	0.5%	0.5%	29.7%	13.0%	6.7%	37.2%	13.4%
Newala	N	155	1	7	17	19	3	5	1	2	0	37	23	38	126	16
	%	73.8%	0.5%	3.3%	8.1%	9.0%	1.4%	2.4%	0.5%	1.0%	0.0%	15.4%	9.6%	15.8%	52.5%	6.7%
Lindi rural	N	217	0	18	0	9	0	0	0	0	0	15	31	48	125	25
	%	88.9%	0.0%	7.4%	0.0%	3.7%	0.0%	0.0%	0.0%	0.0%	0.0%	6.1%	12.7%	19.7%	51.2%	10.2%
Ruang wa	N	114	0	3	26	28	13	6	5	7	1	57	24	27	107	25
	%	56.2%	0.0%	1.5%	12.8%	13.8%	6.4%	3.0%	2.5%	3.4%	0.5%	23.8%	10.0%	11.2%	44.6%	10.4%
Kinond oni	N	109	3	1	27	33	11	5	11	1	1	69	33	24	84	29
	%	54.0%	1.5%	0.5%	13.4%	16.3%	5.4%	2.5%	5.4%	0.5%	0.5%	28.9%	13.8%	10.0%	35.1%	12.1%
Ilala	N	140	6	5	16	25	7	1	11	1	1	53	36	19	98	33
	%	65.7%	2.8%	2.3%	7.5%	11.7%	3.3%	0.5%	5.2%	0.5%	0.5%	22.2%	15.1%	7.9%	41.0%	13.8%

Total	N	1260	24	52	174	245	108	36	66	42	6	459	271	248	1047	257
	%	62.6%	1.2%	2.6%	8.6%	12.2%	5.4%	1.8%	3.3%	2.1%	0.3%	20.1%	11.9%	10.9%	45.9%	11.3%

Ability to read and write in the ten districts was analysed. 81.9% of the respondents are able to read and write and 18.1 % can not read and write. Wete has 92.5% respondents who are able to read and write, Lindi rural has 59.6% of respondents who are able to read and write. As regards to the number of respondents who have attended school, Wete is 93.2% and Lindi rural is 60.4%. The highest level of education reached for all ten districts is university and college; however there are variations across districts. Relatively Lindi rural has highest percentage of respondents who have completed primary level education and non at University/college level. In total, majority of respondents have completed primary level education 67.3%, secondary level of education and college/university level of education are 29.9% and 2.8% respectively. Dependency burden is common in all the ten districts, About 50.1% of respondents live with about one to two dependants, 34.1% live with three to four dependants. In Lindi rural 61.9% live with dependants of about one to two and which is the highest percentage followed by Unguja West and Kinondoni which have 51.2% and 50.8% respectively

In terms of engagement in income generating activities, only 14.8% of respondents are members of income generating activities and 84.9% are not members and 0.3% have not determined to join income generating activities. Unguja South and Mvomero are leading with income generating activitie of about 18.6% and 18.5% respectively. Kisarawe and Newala haven the lowest engagement into income generating economic activities with 11.1% and 11.0% respectively.

Female respondents were also asked to comment whether they can make decision if they want to sale an assets without seeking permission from their husbands. About 44.5 % of the total female respondents can decide on their own to sale their assets without



consultations with their husband and 55.5% can not make decision to sale their assets. Variations are also noted across the districts, in Unguja West has the highest percentage 59.3 % as compared to Kisarawe which has 35%.

### 4.3 Media Coverage on GBV

The respondents were also asked about the performance of media houses in providing knowledge on GBV to the communities. As regards to special radio, television and newspapers programme, about 56% of the responded have heard about GBV programmes in radio, television and Newspapers and 43.1% have not heard. Unguja West has the highest percentage 72.2% as compared to kinondoni which has 47.2%. Of the three media, radio is more popular and attracts 56.8% followed by television programme 36.6% leaving Newspaper with 6.6%. Unguja South has the highest percent of respondent who have reported to tune to GBV special radio and Ruangwa has the highest percentage of responded who tuned to television GBV special programme. The leading GBV themes covered by media programme was that on physical violannce (26.6%) followed by Gender equality (20.6%) and the least attracted theme was abusive language (3.5%). Table 3 presents in details themes covered by media houses, themes preference across the ten districts.

TABLE 3: MEDIA HOUSES AND GBV THEMES								
				Special radio, tv and magazine programs on GBV heard in the last 12 month		Number of GVB programs heard/READ in the last 12 month		
				Yes	No	Radio	TV	Magazine
Location	of	Wete	N	125	111	76	65	0

respondents		%	53.0%	47.0%	53.9%	46.1%	0.0%
	Unguja west	N	164	63	119	72	9
		%	72.2%	27.8%	59.5%	36.0%	4.5%
	Unguja South	N	146	84	181	31	0
		%	63.5%	36.5%	85.4%	14.6%	0.0%
	Kisarawe	N	58	62	74	37	0
		%	48.3%	51.7%	66.7%	33.3%	0.0%
	Mvomero	N	115	119	128	94	0
		%	49.1%	50.9%	57.7%	42.3%	0.0%
	Newala	N	137	94	147	73	1
		%	59.3%	40.7%	66.5%	33.0%	0.5%
	Lindi rural	N	151	79	112	86	2
		%	65.7%	34.3%	56.0%	43.0%	1.0%
	Ruangwa	N	131	103	71	108	40
		%	56.0%	44.0%	32.4%	49.3%	18.3%
	Kinondoni	N	111	124	76	94	51
		%	47.2%	52.8%	34.4%	42.5%	23.1%
	Ilala	N	120	112	101	38	23
		%	51.7%	48.3%	62.3%	23.5%	14.2%
Total		N	1258	951	1085	698	126
		%	56.9%	43.1%	56.8%	36.6%	6.6%

#### 4.4 Civil Society and Political Participation

The respondents were asked their involvement in community based associations and participation in politics. Only 13.5 % of the total respondents were member of different community based associations and 86.5 % were not member of nay community based association. Mvomero district has the highest percentage 18.8% and the least is Newala 8.9%. Women associations attract more respondents (34.8%) and youth/child association was the least (4.1%). Majority have joined associations recently 36.6 %joined for last two years, 25.6% for the last five years and only 2.4% they have been in association for pat nine years. As regards to membership in board or holding leadership position only 28.9% have been board members and holding leadership position and 71.1 have never held any leadership position.Variation is also noted across the districts. Ilala district has highest percentage of women engaged in leadership position (41.7%) and the least district is Unguja West (7.7%).

Table 5: Below present's civil society participation for the ten districts

TABLE 5: CIVIL SOCIETY ORGANIZATION MEMBERSHIP		
	Member of any community based association or networks	Types of Organization

			Yes	No	Religio us	Farmers association	Parents teachers associati on	Business associatio n	Village associa tion	Women associati on	Youth/Ch ildren associati on
Location of respondents	Wete	N	37	197	3	5	4	3	3	13	2
		%	15.8%	84.2%	9.1%	15.2%	12.1%	9.1%	9.1%	39.4%	6.1%
	Unguja west	N	27	204	1	0	1	4	7	7	0
		%	11.7%	88.3%	5.0%	0.0%	5.0%	20.0%	35.0%	35.0%	0.0%
	Unguja South	N	36	200	1	4	3	4	11	12	0
		%	15.3%	84.7%	2.9%	11.4%	8.6%	11.4%	31.4%	34.3%	0.0%
	Kisarawe	N	16	103	3	2	1	1	2	5	1
		%	13.4%	86.6%	20.0%	13.3%	6.7%	6.7%	13.3%	33.3%	6.7%
	Mvomero	N	44	190	4	8	3	4	4	18	2
		%	18.8%	81.2%	9.3%	18.6%	7.0%	9.3%	9.3%	41.9%	4.7%
	Newala	N	21	216	1	0	0	5	10	5	1
		%	8.9%	91.1%	4.5%	0.0%	0.0%	22.7%	45.5%	22.7%	4.5%
	Lindi rural	N	28	209	0	0	0	0	28	5	0
		%	11.8%	88.2%	0.0%	0.0%	0.0%	0.0%	84.8%	15.2%	0.0%
	Ruangwa	N	22	213	3	1	0	4	2	6	2
		%	9.4%	90.6%	16.7%	5.6%	0.0%	22.2%	11.1%	33.3%	11.1%
	Kinondoni	N	37	195	3	6	3	3	3	15	3

		%	15.9%	84.1%	8.3%	16.7%	8.3%	8.3%	8.3%	41.7%	8.3%
	Ilala	N	34	201	5	4	3	2	5	15	1
		%	14.5%	85.5%	14.3%	11.4%	8.6%	5.7%	14.3%	42.9%	2.9%
Total		N	302	1928		24	30	18	30	75	101
		%	13.5%	86.5%		8.3%	10.3%	6.2%	10.3%	25.9%	34.8%

Social image as portrayed by participation in last parliamentary election 2010 shows 69.6 % voted and 30.4% did not vote. Unguja West had higher percentage of respondents who voted 79.3% as compared to Mvomero district 62.9%. The respondents were also asked to explain whether the decision to vote was theirs or someone decided for them. 97.5% of respondent decided themselves, while 2.1 % was decided by their husband and only 0.4% was decided by others.

Table 6 below shows leadership and voting during parliamentary election in 2010

TABLE 6: LEADERSHIP AND PARLIAMENT VOTE				
	Board member or hold a leadership position		Vote in the last parliamentary election in 2010	
	Yes	No	Yes	No

Location of respondents	Wete	N	13	23	156	82
		%	36.1%	63.9%	65.5%	34.5%
	Unguja west	N	2	24	188	49
		%	7.7%	92.3%	79.3%	20.7%
	Unguja South	N	10	26	169	70
		%	27.8%	72.2%	70.7%	29.3%
	Kisarawe	N	6	11	86	37
		%	35.3%	64.7%	69.9%	30.1%
	Mvomero	N	16	27	149	88
		%	37.2%	62.8%	62.9%	37.1%
	Newala	N	4	18	162	79
		%	18.2%	81.8%	67.2%	32.8%
	Lindi rural	N	4	29	191	53
		%	12.1%	87.9%	78.3%	21.7%
	Ruangwa	N	7	15	168	73
		%	31.8%	68.2%	69.7%	30.3%
	Kinondoni	N	12	25	157	81
		%	32.4%	67.6%	66.0%	34.0%
	Ilala	N	15	21	157	81
		%	41.7%	58.3%	66.0%	34.0%
Total		N	89	219	1583	693

	%	28.9%	71.1%	69.6%	30.4%
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#### ***4.5 Knowledge in GBV Laws***

Respondents were asked about the level of knowledge on GBV. It was found that only 17.8 % have the knowledge of GBV laws against 82.2 who have no knowledge of GBV laws. Wete district's knowledge on GBV laws stand at 21.1% which was the highest against Lindi rural which has only 12.4%. Other districts which are performing better in terms of knowledge on GBV laws include Kinondoni 20.9%, and Mvomero district 20.4%.

Table 7 below presents status of knowledge on GBV laws in each district

**TABLE 7: KNOWLEDGE IN GBV LAWS, OPINION IN PUBLIC MEETINGS AND COUNCIL MEMBERSHIP**

			Knowledge on GBV laws		Express opinion in public meeting, local government, religious leaders meeting on GBV		Member of council advisory team for any community conflict resolution	
			Yes	No	Yes	No	Yes	No
Location of respondents	Wete	N	49	183	19	219	14	213
		%	21.1%	78.9%	7.9%	91.6%	6.1%	93.4%
	Unguja west	N	41	188	9	228	10	224
		%	17.9%	82.1%	3.8%	96.2%	4.3%	95.3%
	Unguja South	N	37	197	6	233	10	225
		%	15.8%	84.2%	2.5%	97.5%	4.2%	95.3%
	Kisarawe	N	22	96	10	114	8	108
		%	18.6%	81.4%	8.1%	91.9%	6.9%	93.1%
	Mvomero	N	47	183	18	219	15	211
		%	20.4%	79.6%	7.6%	92.0%	6.6%	93.0%
	Newala	N	35	203	6	233	6	225
		%	14.7%	85.3%	2.5%	97.1%	2.6%	96.6%
	Lindi rural	N	30	212	0	244	7	232
		%	12.4%	87.6%	0.0%	100.0%	2.9%	96.3%



	Ruangwa	N	43	191	14	226	10	218
		%	18.4%	81.6%	5.8%	93.8%	4.3%	94.8%
	Kinondoni	N	49	185	18	220	16	208
		%	20.9%	79.1%	7.5%	91.7%	7.1%	92.0%
	Ilala	N	42	190	14	226	10	222
		%	18.1%	81.9%	5.8%	94.2%	4.3%	95.7%
Total		N	395	1828	114	2162	106	2086
		%	17.8%	82.2%	5.0%	94.7%	4.8%	94.6%

#### ***4.6 Ability of Women to Express Their Opinion in Public Meeting***

Respondents were asked for the past 12 months if they had expressed their opinions in the public meetings, local government, and religious leaders meeting on matters relating to GBV. The findings was that only 5.0% had confidence in expressing their opinion related to GBV, 94.7% have no confidence and can not express their opinion in public meeting. Of the ten districts, Kisarawe, Mvomero and Kinondoni districts had 8.1%, 7.9% and 7.6 % respectively. Lindi rural has 0% confidence in expressing opinion in public followed by Unguja South 2.5% and Newala district 2.5%

The other question that responded were asked was on their involvement in the past 12 months in terms of membership in councils and advisory team for any community conflict resolutions. The findings were that of all the ten districts respondents only 4.8 % are members in council advisory team and the rest 94.6 were not members of council advisory team. Kinondoni district has 7.1%

members in council advisory team followed by Kisarawe district 6.9%, Mvomero district 6.6%. Newala district has poor representation of women in council advisory team 2.6% followed by Lindi rural 2.9%.

Table 7 presents ability of women to express their opinion in public meeting related to GBV and women representation in council advisory team for any community conflict resolution.

#### 4.7 Reporting of GBV Cases

Respondents were asked places where they are reporting in case of GBV incidence. The findings show that 46.7% of responded said GBV cases are reported at local government offices followed by police stations 25.0%. Hospital is the least 2.6 % and paralegal 11%. Mvomero district 34.3 % of respondents said GBV cases were reported at Police stations, while 57.2% respondents said GBV cases are reported at local government in Unguja West. In Kinondoni district about 20.5% of respondents said GBV cases are reported at Paralegal offices.

Table 8 below summarizes GBV education and places of GBV reporting

TABLE 8: GBV EDUCATION AND PLACES OF REPORTING										
				Report of GBV issues					GBV education	
				Hospital	Police	Local government	Paralegal centres	Others	YES	NO
Location	of	Wete	N	8	70	86	44	31	32	164

respondents		%	3.3%	29.3%	36.0%	18.4%	13.0%	16.1%	82.4%
	Unguja west	N	5	47	101	28	27	20	191
		%	2.4%	22.6%	48.6%	13.5%	13.0%	9.3%	89.3%
	Unguja South	N	5	42	115	21	18	16	191
		%	2.5%	20.9%	57.2%	10.4%	9.0%	7.6%	91.0%
	Kisarawe	N	2	39	43	20	19	13	86
		%	1.6%	31.7%	35.0%	16.3%	15.4%	13.0%	86.0%
	Mvomero	N	7	82	77	43	30	31	161
		%	2.9%	34.3%	32.2%	18.0%	12.6%	15.8%	82.1%
	Newala	N	7	36	124	28	12	14	186
		%	3.4%	17.4%	59.9%	13.5%	5.8%	6.9%	91.6%
	Lindi rural	N	3	7	158	2	4	3	212
		%	1.7%	4.0%	90.8%	1.1%	2.3%	1.4%	98.6%
	Ruangwa	N	7	64	90	44	29	24	177
		%	3.0%	27.4%	38.5%	18.8%	12.4%	11.8%	86.8%
	Kinondoni	N	6	75	80	49	29	33	158
		%	2.5%	31.4%	33.5%	20.5%	12.1%	17.2%	82.3%
	Ilala	N	4	57	96	26	29	23	178
		%	1.9%	26.9%	45.3%	12.3%	13.7%	11.3%	87.3%
Total		N	54	519	970	305	228	209	1704
		%	2.6%	25.0%	46.7%	14.7%	11.0%	10.8%	88.0%

#### ***4.8 GBV Education***

The respondents were asked if they have been exposed to GBV education. The findings were that only 10% of the respondents in ten districts had exposure to GBV education against 88.0% who have never had GBV education. Wete districts about 16.1% of respondents got GBV education and Lindi rural was only 1.4 % got GBV education.

#### ***4.9 Relationship with Policy Makers***

As regards to quality of relationship between women/respondents with the policy makers such as councilors and member of parliament the findings were that only 28.0% acknowledged that the quality relationship with policy makers have improved against 72.0% who said the quality relationship did has not improved. 48.3 % of Respondents in Unguja West noted improvement followed by Mvomero 33.9% and Wete 33.8%. Other districts Lindi rural 5.7% noted improvement followed by Newala district 14.4%.

Table 9 below presents percentage of respondents who got GBV education and those who have noted improvement of relationship with policy makers.

**TABLE 9: QUALITY OF RELATIONSHIP WITH POLICY MAKERS AND AWARENESS TO DIFFERENT TYPES OF RIGHTS**

			Quality of relationship and credibility developed with policy actors		Different types of rights that respondents were aware of								
			Yes	No	education	Health	Food	Protection	to be heard	To an identity	Association	Participation	Others
Location of respondents	Wete	N	77	151	112	14	22	10	13	8	5	9	46
		%	33.8%	66.2%	46.9%	5.9%	9.2%	4.2%	5.4%	3.3%	2.1%	3.8%	19.2%
	Unguja west	N	111	119	66	7	9	14	14	5	3	5	74
		%	48.3%	51.7%	33.5%	3.6%	4.6%	7.1%	7.1%	2.5%	1.5%	2.5%	37.6%
	Unguja South	N	61	173	61	5	11	16	2	5	4	1	93
		%	26.1%	73.9%	30.8%	2.5%	5.6%	8.1%	1.0%	2.5%	2.0%	0.5%	47.0%
	Kisarawe	N	39	80	51	9	19	6	4	3	1	4	26
		%	32.8%	67.2%	41.5%	7.3%	15.4%	4.9%	3.3%	2.4%	0.8%	3.3%	21.1%
	Mvomero	N	78	152	103	16	28	10	12	5	3	7	55
		%											

		%	<b>33.9%</b>	<b>66.1%</b>	<b>43.1%</b>	<b>6.7%</b>	<b>11.7%</b>	<b>4.2%</b>	<b>5.0%</b>	<b>2.1%</b>	<b>1.3%</b>	<b>2.9%</b>	<b>23.0%</b>
	Newala	N	<b>34</b>	<b>202</b>	<b>87</b>	<b>3</b>	<b>6</b>	<b>12</b>	<b>6</b>	<b>5</b>	<b>6</b>	<b>2</b>	<b>78</b>
		%	<b>14.4%</b>	<b>85.6%</b>	<b>42.4%</b>	<b>1.5%</b>	<b>2.9%</b>	<b>5.9%</b>	<b>2.9%</b>	<b>2.4%</b>	<b>2.9%</b>	<b>1.0%</b>	<b>38.0%</b>
	Lindi rural	N	<b>14</b>	<b>230</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>18</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>152</b>
		%	<b>5.7%</b>	<b>94.3%</b>	<b>2.8%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>10.1%</b>	<b>0.0%</b>	<b>1.7%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>85.4%</b>
	Ruangwa	N	<b>73</b>	<b>159</b>	<b>110</b>	<b>12</b>	<b>19</b>	<b>9</b>	<b>11</b>	<b>7</b>	<b>4</b>	<b>6</b>	<b>61</b>
		%	<b>31.5%</b>	<b>68.5%</b>	<b>46.0%</b>	<b>5.0%</b>	<b>7.9%</b>	<b>3.8%</b>	<b>4.6%</b>	<b>2.9%</b>	<b>1.7%</b>	<b>2.5%</b>	<b>25.5%</b>
	Kinondoni	N	<b>67</b>	<b>163</b>	<b>110</b>	<b>14</b>	<b>26</b>	<b>7</b>	<b>15</b>	<b>5</b>	<b>2</b>	<b>8</b>	<b>52</b>
		%	<b>29.1%</b>	<b>70.9%</b>	<b>46.0%</b>	<b>5.9%</b>	<b>10.9%</b>	<b>2.9%</b>	<b>6.3%</b>	<b>2.1%</b>	<b>0.8%</b>	<b>3.3%</b>	<b>21.8%</b>
	Ilala	N	<b>66</b>	<b>168</b>	<b>67</b>	<b>10</b>	<b>28</b>	<b>15</b>	<b>7</b>	<b>2</b>	<b>2</b>	<b>6</b>	<b>76</b>
		%	<b>28.2%</b>	<b>71.8%</b>	<b>31.5%</b>	<b>4.7%</b>	<b>13.1%</b>	<b>7.0%</b>	<b>3.3%</b>	<b>0.9%</b>	<b>0.9%</b>	<b>2.8%</b>	<b>35.7%</b>
Total		N	<b>620</b>	<b>1597</b>		<b>772</b>	<b>90</b>	<b>168</b>	<b>117</b>	<b>84</b>	<b>48</b>	<b>30</b>	<b>48</b>
		%	<b>28.0%</b>	<b>72.0%</b>		<b>37.3%</b>	<b>4.3%</b>	<b>8.1%</b>	<b>5.7%</b>	<b>4.1%</b>	<b>2.3%</b>	<b>1.4%</b>	<b>2.3%</b>

#### ***4.10 Awareness of Respondents on “Rights”***

The respondents were asked if they know any specific rights that are familiar to them. The findings were that 37.3 % of respondents are aware of right to education. On other rights the respondents awareness is very low- health 4.3%, food 8.1%, protection 5.7%, right to be heard 4.1%, right to identity 2.3%, right to association 1.2%, and right to participation 2.3%. Of the ten districts, awareness to right to education Wete 46.9%, Ruangwa 46.0%, Kinondoni 46.0% while in Lindi rural 2.8%, followed by Unguja South 30.8%.

#### ***4.11 Understanding of Gender Equality***

Respondents were asked if they know the meaning of gender equality. The findings shows only 14.2 % of all respondents in ten districts understand the meaning of gender equality against 85.3% who do not understand the meaning of gender equality. Respondent in Mvomero who understood the meaning of gender equality are 20.2% and Lindi rural is about 1.2%.

#### ***4.12 Understanding of Women Empowerment***

As regards to women empowerment only 22.5% knows what women empowerment mean. Mvomero district about 30.5% know what empowerment is and only 7.8% in Lindi rural knows women about empowerment.

Table 10 presents respondents level of understanding of gender equality and gender empowerment in ten districts

TABLE 10: UNDERSTANDING OF GENDER EQUALITY AND EMPOWERMENT						
			Understanding of gender Equality in your area		Meaning of women empowerment in your area	
			Yes	No	Yes	No
Location of respondents	Wete	Count	44	187	66	163
		% within Location of respondents	19.0%	80.6%	28.4%	70.3%
	Unguja west	Count	45	192	56	180
		% within Location of respondents	19.0%	81.0%	23.6%	75.9%
	Unguja South	Count	32	206	48	187
		% within Location of respondents	13.4%	86.2%	20.1%	78.2%
	Kisarawe	Count	18	99	34	84
		% within Location of respondents	15.3%	83.9%	28.8%	71.2%
	Mvomero	Count	47	185	71	157
		% within Location of respondents	20.2%	79.4%	30.5%	67.4%



	Newala	Count	22	214	35	201
		% within Location of respondents	9.3%	90.3%	14.8%	84.8%
	Lindi rural	Count	3	240	19	224
		% within Location of respondents	1.2%	98.4%	7.8%	91.8%
	Ruangwa	Count	37	196	59	175
		% within Location of respondents	15.8%	83.8%	25.2%	74.8%
	Kinondoni	Count	35	192	58	167
		% within Location of respondents	15.4%	84.2%	25.4%	73.2%
	Ilala	Count	35	200	57	176
		% within Location of respondents	14.7%	84.0%	23.9%	73.9%
Total		Count	318	1911	503	1714
		% within Location of respondents	14.2%	85.3%	22.5%	76.5%

#### 4.13 Self Image/Confidence and Social Position

The respondents were asked a number of questions to assess their self esteem and social positions for example if somebody opposes a woman will she find way to get what she wanted. The findings were that only 19.6% strongly disagree that they will not get what they want, 23.9% strongly agree that it is possible to get what they wanted. Mvomero district about 26.1% strongly disagree that they will not get what they wanted if someone oppose them whereas in Kisarawe about 38.9% of respondents said they will get what they wanted even if somebody oppose them.

As regards to influencing household decision making 15.4% of respondents strongly disagree that they can not influence household's decision making and about 41.5 % strongly agree that they can influence household decision making. Lindi rural about 22.4 % strongly disagree to influence household decision making whereas Kisarawe about 52.4% strongly agree that they have influence in household decision making.

Table 11 below present the self image/confidence and social position of the respondents

TABLE 11: WOMEN SELF IMAGE AND CONFIDENCE											
				I can influence important decisions in my community				Somebody oppose me, i find a way to get what i want			
				Strongly disagree	Somehow disagree	Somehow agree	Strongly agree	Strongly disagree	Somehow disagree	Somehow agree	Strongly agree
Location	of	Wete	N	17	19	57	100	43	24	61	69

respondents		%	8.8%	9.8%	29.5%	51.8%	21.8%	12.2%	31.0%	35.0%
	Unguja west	N	38	34	41	96	39	41	95	35
		%	18.2%	16.3%	19.6%	45.9%	18.6%	19.5%	45.2%	16.7%
	Unguja South	N	44	39	55	73	36	41	103	35
		%	20.9%	18.5%	26.1%	34.6%	16.7%	19.1%	47.9%	16.3%
	Kisarawe	N	13	14	23	55	23	16	27	42
		%	12.4%	13.3%	21.9%	52.4%	21.3%	14.8%	25.0%	38.9%
	Mvomero	N	22	24	52	98	52	21	53	73
		%	11.2%	12.2%	26.5%	50.0%	26.1%	10.6%	26.6%	36.7%
	Newala	N	32	28	76	67	33	35	109	31
		%	15.8%	13.8%	37.4%	33.0%	15.9%	16.8%	52.4%	14.9%
	Lindi rural	N	53	56	79	49	33	78	130	3
		%	22.4%	23.6%	33.3%	20.7%	13.5%	32.0%	53.3%	1.2%
	Ruangwa	N	18	19	60	102	39	37	65	61

		%	9.0%	9.5%	30.2%	51.3%	19.3%	18.3%	32.2%	30.2%
	Kinondoni	N	17	20	61	99	51	21	59	70
		%	8.6%	10.2%	31.0%	50.3%	25.4%	10.4%	29.4%	34.8%
	Ilala	N	49	48	41	76	44	23	90	59
		%	22.9%	22.4%	19.2%	35.5%	20.4%	10.6%	41.7%	27.3%
Total		N	303	301	545	815	393	337	792	478
		%	15.4%	15.3%	27.7%	41.5%	19.6%	16.8%	39.6%	23.9%

## 5.0 Feedback from Key informant and Focus Group Discussions

The key informants and focus group discussions were requested to respond to a set of questions/guides for discussion.

### 5.1 Understanding of gender based violence

The following were their responses:-

*This is act done by one gender against human right example a woman if denied her human right such as overworked – Community Development Officer-Kisarawe District*

*Early marriage and being beaten by husbands; man refusing to give his wife her basic rights due to her little contribution to the household welfare; Majority mistreating women as sex objects; and rapping – DSWO – NEWALA*

*Mostly wife butterfly, rape cases, early marriages, female genital mutilation (FGM) – Ag. DMO - NEWALA DC - NEWALA*

*GBV are awful acts which are harmful to human being, and once are done can affect a person mentally, physically. Gender based violence can be in the form of rape, assault and battery, child marriage, female genital mutilation, child labour, girl child pregnancy, insult, and women to be deprived the right to own and inherit properties - DSWO – Lindi Rural*

*GBV includes Physical violence, Economical violence, Psychological (mentle violence), Sexual abuse and rape- - gender specialist – Amana Hospital/MMOH – Ilala District*

*Examples of gender based violence are - Traditional rituals to girls; they mostly leave the girl naked, Brutality of male teachers to female students and brutality of male students to female students, Abusive language and physical attack to women, Brutality to children, and Child labor- Makongo Changanyikeneni focus group discussions*

*GBV is a situation that occurs within the society of not having fair and equal rights between men and women and the types include beating, FGM, and men divorcing their wives- DSWO - Mvomero District*

*GBV is any act that is done by a person to another person that will affect him/her physically, mentally and psychologically, socially and economically. The GBV types include rape, children employment, early marriage, husband beating their wives, forced marriage- Social chance officer – Wete District*

As regards to type of GBV experienced in their locality, the following were the list that include-Physical beating (violence) to women and children, Raping, schools pregnancies, girl children not sent to school, early marriage, sodomy, female genital mutilations, abusive language by nurses to pregnant women when attending clinics, women not having the rights to inherit when their husband have died,

Other types of GBV they experience include; Assault, battery, rape inside marriage, child maintenance, desertion, polygamy, girl child pregnancy, child marriage, women refusal to sex with their husband, husband refusing to grant freedom his wife to undertake some income generating activities, denial of women right to own property, denial of rights to inheritance, men not willing to test for HIV/AIDS, unequal sharing of resources in the households, inadequate social services.

## ***5.2 Causes of Gender Based Violence***

The responded outlined causes of GBV that include; divorce, poverty, increase of husband income, low priority given to girls even if they pass examination some parents are not ready to take them to schools, early pregnancies, early marriages, Girls are being denied their right to education simply because their parents have expectation that their daughter will get married. Girls are being

cheated by their teacher-they are being promised to get good marks and other favours. Street boys and men are cheating girls by bribing girls with money and other items such as cell phones, children marriages soon after initiation ceremonies, long distance spent in fetching water provide space for being cheated and bribed by perpetrators, Bad culture and traditions that enforce FGM practices, Family desertion, Deprivation of right to own property, Deprivation of right to inherit property, child defilement, lack of support to women, male domination system,

The reported GBV cases to hospitals, local government authorities and police stations indicate vividly that GBV is a real problem to the surveyed areas. The responses from the key informants and focus group discussions present the situation as follows:-

*I have been receiving on average of 50 women who have been beaten by their husbands and about 20 raping related cases per year - Doctor - Ruangwa District Hospital – RUANGWA*

Other responded commenting on causes of GBV they said the following:-

*Mostly the causes of gender based violence are; Selfishness, Society especially men do not value women; Unawareness on women and children rights; tradition and custom –for example in Lindi rural, women are not allowed to own properties especially land; they use women in the reproduction and taking care of the family; Bad child up bringing; female and male initiation ceremony which is conducted seven times before one can get married; and patriarchy system- DSWO -Lindi Rurali*

*Causes for Gender Based violence includes; low income/poverty, bad customs and traditions, unequal distribution of resources in the family, women not given opportunities- DSWO- Gender and children coordinator –Ilala District*

*These are the areas that cause GBV they include; low level of education amongst the community members on issues related to gender and bad customs and tradition practices- DSWO - Mvomero District.*

*Causes of GBV includes[ poverty, low education level of the community on gender, those committed offence are left without trial and the parents of survivors resolving GBV cases outside the court- Social chance officer – Wete District*

*Types of GBV we have been experiencing here are those related to rape, girls' unwanted pregnancies, girls abducting, abusive language and sodomy-Police - Chakechake*

*From focus group discussion the community female members noted the following as causes for GBV, namely female Inheritances related issues, divorce, early (children) marriage, and beating of couple- focus group discussions with community members female*

*Raping is bad act in the society can not be compared with anything as it affects the whole family– Medical Doctor – Sebuleni - Urban West Unguja*

The respondents were asked to rank from the list of GBV in their locality, rape scored the highest in GBV list and they argue to have multiple effects including children pregnancies and early marriages

*Bad group influence on the part of girls at school have led them to start engaging in transactional sex- DSWO\_– Unguja South*

*Of all type of GBV, rape was considered as critical offensive as it stigmatize children and cause early pregnancies- Clinical Officer, Cottage Hospital Makunduchi, Unguja South*



### 5.3 Understanding “Equality”, “Empowerment”, and “Right”

The respondents were asked to define the terms commonly used in GEWE project – equality, empowerment and right. The feedback from the survey indicates different understanding of the terms. The feedbacks are presented as follows:-

*Equality is situation that enables a person accessing his/her right such as health services; Empowerment enables a person to acquire certain skills; and Right is something that a person is entitled- DSWO - Kisarawe District*

*Equity- To my understanding means fairness, justice, the quality of being impartial, for example in our district all human needs should be provided with equity to all gender; Empowerment- is a way of giving power to certain group of people from low level to higher level; and Right is to get important services from authorities, for instance in our hospital all children have the right to vaccination- Ag DMO – Newala District*

*Equality is fairness regardless of one's sex (male or female); Empowerment is enabling a person to engage effectively in education, politics, and in economic activities; Right is the basic necessities that a person needs to have access to, these are like education, health, food, to be heard and to be protected- Medical Doctor – Ruangwa District Hospital*

*Equity, empowerment and rights– we do not know the meaning of these terminologies- mchimba primary school focus group discussion*

*Equity is a situation where male and female are equal; Empowerment is that act of facilitating a woman to engage effectively in economic and political activities; and Right are basic necessities that a human being must get- DSWO – Ruangwa District*

*Equity means division of duties and responsibilities between a woman and a man in order to get equal chances in terms of education, leadership and ownership of properties; Empowerment means capacity building is provided to women so that*

*they can be able to talk and be heard in the society and improve their living standard; and Right refers to basic things which any human being is required to get, has right to education, right to live in peaceful environment, right to be heard, right to be respected, right to own properties, right to food, right to cloth, and right to shelter- DSWO – Lindi Rural*

*Equality is that situation where male and female are treated fairly; Empowerment refers to facilitation that is made to a person in order to overcome challenges; and Right are all necessities that a human being need and have been mentioned in the constitution -Medical Doctor – Sebuleni - Urban WestUnguja*

*Equality is to make fair decision to both male and female; Empowerment is to provide loan for development activities; and Right are basic necessities that a human being need for her/his development- Tombondo focus group discussion*

*Empowerment is about providing financial support to women in order to overcome life challenges, enable them to provide education to their children. Also it refers to a provision of soft loans to women for them to invest in various economic activities; Right means fair treatment to both male and female, women should be respected; Equality is a situation where male and female are treated fairly such as in education both girls and boys should be enrolled not leaving a girl child alone doing domestic work that will lead to her failure in examination - Kitunda Kati focus group discussion Ilala District*

*Empowerment is enabling a person to succeed- moving from one step to another; Right means a situation that guarantee ones access to basic necessities such as education, food and shelter; and Equity means fairness in accessing rights- Jambiani focus group discussion*

*Equity is fairness whereby male and female are granted equal treatment in accessing their rights; Empowerment is a situation of accessing development and eradicating the poverty; Right is acquiring equality in education and other basic human needs – DSWO – Unguja South.*

*“Equity” deals with members’ equality-with women / men’s roles in the community; Empowerment is incorporating women; Right is basic needs eg rights to life. - Gender Specialist-Amana Hospital/MMOH - ILALA*

*Equity is the equality on making decisions; Empowerment is the act of being facilitated to overcome a challenge; Right is the correctness of the decisions-Teacher - Mwanakwerekwe – HR WEST Unguja*

*Equity-is the situation of equality regardless of sex e.g. in employment; Empowerment- women are given opportunities so as to grow economically and socially; Right is requirements which the human being is born with- Police Gender desk-Ilala District.*

*Equity is the equality to all people regardless of sex; Empowerment is the act of managing people to work and gain his/her economical development. Right is giving something to someone who is in need of it. For example if the child is raped, you should bring him/her back to the normal situation, to be free like everybody else- Clinical officer, Cottage Hospital Makunduchi, Unguja South*

*Equity is to give equal right to citizens; Right is something a citizen should be given- Muungoni focus group discussion*

*Equity is process whereby men and women get equal rights on different issues such as education and ownership of properties; Right refers to basic things any human being is entitled to get such as education, food, cloth or shelter-Mchinga focus group discussion.*

*Equity is equality of men and women according to their needs. Also in labour force, there should be a good ratio on specialization. Empowerment is about helping women economically, educationally and politically. Politically implies that moving a woman from poor situation to better one, women should be facilitated by providing them with soft loans.*

*Educational implies access to education that is provided with instructions, trainings and seminars. Politically refers prepare women to become leaders, to build their self confidence on governing and reaching the certain objectives; Women should be elected and not selected; and Rights is a requirements that someone has since he/she was born.- DSWO/ Gender and children coordinator – Ilala district*

*Equity is the situation of having equal distribution among two sides; Empowerment is the situation of building capacity to addresss various issues; right is anything which a human being must get- Social Chance Officer-Wete District*

*Equity is the same with equality; Empowerment is act of building capacity to people or group of people, financially or professionally; Right is any basic thing which the human being is entitled to get- Police-Chakechake*

*Equity is the situation where by a certain sex is feeling to have equal opportunity in a society; Empowerment situation of doing something which was difficult to do previously; Right everyday human being's necessity which made him/her educated.-Makongo Changanyikeni focus group discussion Kinondoni District*

*Equity is the situations where by all sexes have equal chance in the society; Empowerment is to facilitate difficult state to bring something; Right is the requirement which enable someone to live peaceful.- Clinical Officer –Lugalo-Kinondoni District.*

*Equity refers to rights regardless of sex; Empowerment – refers to education, political decision- Clinical Officer- Chakechake Hospital-Chakechake.*

*Empowerment; to be helped or granted- Focus Group Discussion with Out of school youth Lindi*

*Equity is the equality of men and women in the society; –Lindi Rural OCD*

*Equity is that situation where you get all necessary requirements without being segregated; Empowerment is the act of giving the poorer the opportunity to be better by providing them with education, money etc- Municipal Social Welfare (MWO)- Kinondoni.*

TABLE 12: SUMMARIES OF DEFINITION OF GEWE TERMINOLOGIES	
Terms	Components
Rights	Entitled, necessities, basic requirements,
Equality	Accessing, fairness, fair treatment,
Empowerment	Acquire, enable, facilitate, capacity building, provision, support, incorporating, managing, helping, doing, helped, granted, giving.

The feedback from respondents indicates a mixed understanding of the terminology that are commonly used in gender Equity and women empowerment. It is therefore recommended that clear definition of terminology be adopted and the public should be made aware of them.

#### ***5.4 Reporting of GBV Cases and Responses***

Respondents were asked if the GBV cases are reported to them and how they have been handling them. Findings from key informant interview and focus group discussions are presented below:-

GBV cases are reported to the following centers; Hospitals, Clinics; Police; Community development Offices; Social Welfare Offices; School authorities; and NGOs. The GBV cases are seldom reported soon after the violence has occurred particularly in the mainland districts. Evidence is provided by some of respondents in their statement as follows:-

*Some reports to the hospital immediately after they have been offended and others with delays due to long distances from where they stay to the hospital, therefore it depends on where the patient comes from- Ag DMO – Newala District*

*GBV cases are not reported once occurred, as it is very expensive for survivor of GBV from rural areas to come to town- Police – Mkuranga Kisarawe District*

*The frequency of reporting the cases is very minimal. Mostly they report the cases to human right commission and Good Governance, police, Non governmental Organization which is called LIWO PAC- DSWO - Lindi Rural*

*In Zanzibar districts many GBV cases are reported immediately after the violation has occurred, this is due to less distance to relevant offices, GBV awareness, existence of gender desks in police stations and good networking. Some statements from respondents verifies,*

*Yes there are cases reported. They are reported fast after it has been done. There is a desk but we work with them together for the cases which need resolution- Police – Mwanakwerekwe Unguja West*

*Cases are not reported to me direct. They are reported to Women and Children Officer, but we cooperate together to work on them-DWSO Unguja South*

*School authority decided to inform the students' parents and sent them to police and ZAFELA- Teacher – Mwanakwerekwe Unguja West*

*Delay in reporting GBV cases are caused by many factors and these are explained by respondents in their statement as follows:-*

*Violence is done secretly, and others feared to tell their parents due to various reasons or that they will think they did it intentionally. Other parents are not friend to their children, so when the problem occur they tend not to tell their parents -- Clinical officer, Cottage Hospital Makunduchi, Unguja South*

*The distance is too long, due to lack of means of transport, and poverty. Others they feel shy and they don't have good education on important out coming soon after violated- Clinical Officer, Chakechake Hospital - Chakechake*

*The one who raped feel shy to come out and declare that she was raped and the one who is beaten fear to report because they depend on them, most of them are beaten by their husbands. – DMO- Lindi Rural*

*Some start by resolving the GBV cases in village and at the family level, if they fail then they come at police station. – OCD Lindi Rural*

The feedback from respondents shows that GBV are grossly underreported due to various reasons. It is recommended that awareness on GBV reporting be created to all people and members should discourage concluding GBV cases at family levels.

### 5.4.1 GBV cases responses

The GBV cases are reported to various offices receives responses from these offices are of different types, these include:

*I used to give them advice and instruction where to bring them.- Social Change Officer –Wete district*

*Measures taken by the Lindi District hospital include taking laboratory test and providing treatment to GBV survivor– Medical Doctor – Ruangwa District Hospital – Ruangwa District*

*As for child marriage, in Mchinga village it is normal thing, it is not right but the community cannot do anything to them. – Mchinga Focus group discussion*

*Also child marriage happen mostly after initiation ceremony (Unyago) where due to initiation ceremony girls starts sexual affairs at early age and they end up getting unwanted pregnancies while under age. Initiation ceremony compel parents to take their girls to hospital for family planning ie girls are given contraceptives so that they may not conceive while underage- Mchinga Focus group discussion*

*The community does not take any action against the perpetrators because women themselves once the case has been taken to the authorities they defend their husband. –Mchinga focus group discussion*

*For the case of family desertion many women do not take the matter to the respective authorities they just decide to hold on- Mchinga focus group discussion*

*In Makongo, Changanyiken, Rappers are caught and sent to police and law takes its course; and Traditional elders who conduct traditional celebrations and rituals to women are brought out naked. – Makongo Changanyikeni focus group discussion*



*In Mkuranga we are quiet because when we go to VEO we are asked to bribe money for GBV case reported to be heard –  
Focus Group Discussion with community member female*

The feedback shows clearly that no clear procedures of reporting and responding to GBV cases. It is therefore important to develop procedures for reporting and responding on GBV cases.

#### **5.4.2 GBV perpetrators**

The respondents were asked the main perpetrators of GBV, and below is the list from focus group discussions and key informant interviews, and it includes; young men and elders, men in good position, business man, women themselves, Parents, teachers, and husband.

#### **5.4.3 Problems on gender based violence to female children**

As regards to the Problem experienced by girls as a results of GBV it includes, drop down of education level; they do not get enough time to read due to home chores. Chores segregation at home, Bad traditions and customs, Teachers not listening to their basic requirement when they are at school. A teacher from Kitunda Kati secondary school said sometimes girls are being punished by stick on their back even if they are at menstruation period.

#### **5.5 Procedures followed after GBV case has been reported**

The GBV cases are reported to police station where the survivor is issued with PF 3 form. Survivor with PF3 form report to the hospital or health centre. The role of police is to collect comprehensive evidence and role of medical doctor is to provide medical

evidence about the GBV case. Once the police have gathered enough evidence then the case is sent to the court for hearing and judgments.

### 5.5.1 The GBV cases challenges

GBV cases have number of challenges, these include; Inadequate evidences collected by both police and medical doctor; GBV cases taking too long; majority of survivors and perpetrators preferring to sort out of the court; Citizen's low knowledge on keeping the evidence when the violence occurs; and Some GBV cases are dropped due to absence of the survivor to police or at the court. Also GBV survivors fear to give the details for the type of violence done in their family; Bureaucracy of GBV cases that leads to the lost of evidence; corruption; lack of sophisticated equipment for DNA test and Long procedure for the survivor at the hospital. Below are statements from the responded on the challenges of GBV cases:

*We used to send them to the court if the evidence is collected. Some cases are dropped if the survivor agrees to do it or if the evidence is not satisfactory. Survivor in these cases should be under the great care at safe place.- Police Mkuranga-Kisarawe District*

*There is a case held at Primary Court for two years now while the doctors already provided the evidences- DSWO – Newala District*

*We only ask for PF3 in case she was beaten and patens/parents/guardians consent for the case of early marriage- Ag DMO – Newala District*

*The hospital knows its responsibility to provide the evidence over violence done to human beings, and they are needed to provide that evidence to the court for the rape and physical attack cases. – Medical Doctor – Ruangwa Hospital Ruangwa District*

*Once the case reached to me, I do the following - I listen to their opinion on type of violence they faced, I give them the advice to go to police, or to the court or to paralegal centers, and I make the follow up until the end- Social change Officer- Wete District*

The feedback from the respondents indicates inadequate procedure of responding to GBV cases. It is suggested that a clear and well known procedure of dealing with GBV cases be developed and people should be made aware of it.

### **5.5.2 Problems associated with GBV incidences to the survivor**

After facing that violence, the survivors suffer a number of challenges, these include; They become psychologically affected; Feel shy to be seen in their community; School girls drop out of the school; They contract HIV/AIDS; They are stigmatized in daily community activities; They contract STD; they are not valued in the society; They are not respected; Some commit suicide; Girls get unplanned pregnancies; Family separation and divorce; and The GBV survivors lost their stand on decision making. Some of the statements from respondents are outlined below:-

*The GBV survivors add to themselves the life burdens, orphans increased, widower, they are affected with STDs and HIV/AIDS, they are not valued in the society, they are not respected, commit suicides, and live hard life- Nangwala Focus group discussion*

*After facing the violence, especially women, they get STDs and HIV/AIDS, psychologically affected, and for the school girls, they tend to drop out from school –Ruangwa focus group discussion*

*It brings back economically because when you are divorced, men will not take care of the children; the underage marriage brings the burden to the parents; Other girls lost their lives while giving birth/delivering, Others got fistula and some are crippled due to physical attack – Focus group discussion with community members female*

*The problems women and girls faced after violence are; Severe pain, Feeling that they are no longer needed in society, Stigmatized by the society – Makongo Changanyikeni- Kinondoni*

*Woman is the one who suffer the most, we are taken back against development, we are injured through physical attack and you can be crippled and psychologically affected. – Focus group discussion of youth female out of school*

*Women and girls face the following challenge after the attack-Girl child pregnancy – many of them get problems during delivery such as neuropath, epilepsies, and death. Currently the community sees it is a normal thing for underage girl to get pregnancy, other includes-Assault and battery – many women are being bitten severely and some of them die due to severe pain. The community is aware of that problem but cannot do anything because woman themselves are not cooperative; Respect in the community to the survivors becomes low. Family separation sometimes divorce-\_Mchinga Focus group discussion*

The effects and negative impact of GBV are vividly seen to survivors, in the next section respondents have suggested some measures to be taken to improve the situation.

### **5.5.3 Improvement needed to eradicate gender based violence**

Respondents from focus group discussions proposed some measures that will assist in reducing GBV. These were- strengthening collaboration among the institutions dealing with handling GBV cases; The department of Social welfare should be provided with the financial support to reach to the inaccessible places where GBV occurs; Social development structure should be improved to reach grassroots level; Hospitals and health centres should be provided with all necessary equipment and adequate medicines for GBV survivors; Sensitize all medical doctors and health centres to treat GBV survivors without PF3 and then, the survivor can be referred to various places like police and social welfare offices; and shortening time taken by the court on GBV cases.

Below are some of the statements from focus group discussion and key informant discussions:-

*Stakeholders should cooperate with the social development department, and be provided with the GBV education. The department of social welfare be provided with the financial support to reach to the inaccessible places and Social development structure should be improved to the lower level - DSWO- Ruangwa District*

*The GBV survivors tend not to give full cooperation to the police. Sometimes they drop the cases after being given money or due to their traditions and cultures. –Police, Gender and children Desk – Ilala District*

*Survivors may be treated first, then go to police; Education on human right should be provided especially at upcountry; Community based organization should work to upcountry, not only in the towns; There should be the law for regulating uses of communication technology, TV, phone because they are the source for the children who practice sex at early ages; Social welfare office put the record on monitoring the progress of the survivor cases and their destination. - DSWO Gender and children coordinator- Ilala District*

*Most of GBV cases are concluded at the family level. The most challenge is the community or family member readiness to give the cooperation on giving details of real situation for the violence. Gender education is mostly needed to the society. - DSWO - Mvomero District*

The feedback from respondents indicates that all actors need to join hands in fighting against GBV, thus collaboration among all actors who are dealing with GBV at all levels need to be strengthened.

#### 5.5.4 Causes of GBV cases Delays

Respondents in focus group discussions were asked to respond to the GBV cases that were reported immediately after the offences have been committed and if there were delay they were asked to account for the delays. The following were the feedback:-

These GBV cases are not reported on time since the community does not know where exactly to report and the distance from where they are living. - DSWO -Ruungwa

*Most of the time when the offence has been done they do not report case immediately, they normally resolve the case within their families. For example, rape cases are reported to police post, but later you will find the cases are resolved silently within the families. Others delays to report the case due to different reasons including: a sense of friendship, and neighborhood. They value this more. - DSWO Lindi Rural*

*Many women who are being beaten do not report the matter to the authority or say it open even if neighbours hear when she was beaten. They do that out of respect of their husband, they think that the revealing such information to other people it's like insulting their husbands. Normally people in the community do not interfere those matters- Mchinga focus group discussion.*

*Sometimes cases are not reported due to inadequate knowledge; They avoid to be stigmatized; Male teachers sometimes are not listening to female students; and female students feel shy - DSWO, Unguja South*

*GBV cases are not reported on time because the survivor should pass through various long bureaucratic procedures before reaching Social Welfare department for assistance. - DSWO – Ilala District*

*Most of the time the cases are delayed to reach the right places because cases has to start at family level where the arguments takes so long before the decision to report to police station is made. - DSWO - Mvomero District*

The GBV cases can be concluded when police and doctors are able to provide concrete and complete evidence. Doctors have to provide the following evidence for GBV cases; Forensic Evidence- doctor take the specimen test check whether specimen resemble with that of the accused; Doctor's Statements finding which are filled in PF3; and Observations –by looking at GBV survivors' injuries.

*Most of the doctors do not want to go to the court to provide evidence. They are not interested and not ready to answer the questions since they claim that those areas are not their professionals. Other reason is that, they do not write the correct statement even when they are pretty sure that the survivor was raped. They avoid writing the truth that will compel them to provide testimony to the court for evidence. - DSWO – Gender specialist - Amana Hospital /MMOH –Ilala*

The GBV survivors coping strategies after the attack has been to forgive/tolerate; Husband/ wife hibernation somewhere else; In order to prevent girl child pregnancy many parents have decided to take their children to hospital for family planning. Girls are taking DEPO; Others include committing suicide; and seeking help from various areas including Police, Relatives or Paralegal centres.

It is recommended that in order to improve GBV case reporting; Education should be provided to the citizen on effects of GBV and importance of reporting these kinds of GBV case; Survivors should be supported financially for treatment at hospital and transport to the court; Police to be equipped sufficiently in handling GBV cases ( Example is provided when the survivor is compelled to use her/his own resources for photocopying the PF3); Training should be provided to police on how to handle GBV cases; Need to increase specialists and equipments for DNA test . Also, the Government should take legal action against the perpetrators of GBV;

Raise Awareness to the community on women and children's rights; and make close follow up the perpetrators of GBV and educate them on the right of women and children; To educate the society what are the effects of GBV; To provide the legal aid; To establish various anti-GBV networks.

### **5.5.5 Survivors of Gender Based Violence**

GBV occurs during; Job application (sex corruption); Home (house girls are forced to have sex); Madrasa – religious teachers force to have sex with female students; school, classrooms; During the night when the girls are fetching water; and Around the bushes when they passed from school. The most common GBV survivors of gender based violence include women, girls, children and the most GBV offenders include Male teachers, boys, male doctors, parents, male teachers.

### **5.5.6 The Effects of Gender Based Violence**

The respondents were also asked on the effects of gender based violence on various group categories including community at large, the GBV survivors and their families, the offenders and the government bodies. The following were the responses:

Effect in the community includes:- Poverty in the community, women cannot work or produce properly due gender based violence; Low level of education in the community, many children dropout of school; Increased diseases in the community such as HIV



AIDS, TB, and STI, Kwashiorkor; Increased street children due to girl child pregnancy; Low level of production due to health problems; Respect to the survivor is declined; It reduces human resources; Moral decline in the society and Psychological effects

Effect on the GBV survivors and their families include; physical effects such as injuries, mentally and psychologically effects; Survivors lost the peace of mind; and they are segregated in the society.

*Most of the female GBV survivors face some difficulties during delivery; they drop out of school, poor school performance. Some of them feel embraced, low self esteem. -Mchimba primary school focus group discussion*

*Women continued to be economically affected; Drop out of female students -DSWO – Ruangwa District*

Other effects include; Low self esteem; Children develop cruel behaviour; Low living standard; Children dropout of school; School poor performance; Girl child pregnancy; Death due to assault and battery, girl child pregnancy; Children are not given their basic needs such as education, food, cloth, security and shelter.

Effects on the offenders include unnecessary expenses to meet travel cost to police, courts and paying fines; Offender lose trust in the community; they are being segregated; Imprisoned; Difficult to care for their parents and children; Some of the offenders are taken to court for trial and some are jailed; and Separation of families and some time divorce.

Effects on the government include lost of time and resources that can be used in other more productive activities; Unnecessary expenditure of the government funds. Instead of using the funds for something useful the fund will be used to treat people with different disease in the community; Shortage or equipments e.g. Forensic evidence and DNA; Shortage or drugs eg STI's drugs, re urgency for HIV tests for PEP post exposure prophylaxis

Table 12: Summary of Effects of Gender Based Violence	
Community	Effect(s)

GBV Survivor	Dropping out of school and a ruined future
	Poor performance at school
	Contract sexually transmitted diseases especially HIV/AIDS
	Uncertainty on the welfare of the survivor and her offspring
	GBV Survivors neglected by family and offender
	Un wanted pregnancy
	Trauma, humiliation, stigmatization and isolation from her peers
	She becomes a point of reference for bad behavior
	Loss of life during birth
	Suffer domestic violence because she cannot be accepted back home
	Forced marriages and early marriages
	Death through abortion
	Being a single mother
	Limits woman's career advancement at workplaces
	Poor performance at work place
Families	Destabilises the family
	Stigma of putting up with a criminal within the family
	Parents hopes get shattered and cannot be supported during old age
	Wasted resources in terms of school fees
	Conflict between the GBV survivors parents where the mother is accused
	Broken families
	The survivor and her child becomes a burden to the family
	Heavy fines on part of the offenders family and sale of property
	Burden of sharing the HIV positive GBV survivors and the child
	Conflict and hatred among the survivor's and offenders families
	Loss of life affected parties

Communities	Low development in the community
	Strain on community resources and support systems
Government	Denial of justice due to fear to handle the cases by the local leaders
	Increase on police expenditure
	Government burdened on the welfare of the survivor and offspring
	Increase in crime rate and congestion of prisons
	Increase on medical budget/ expenditure
	Loss of human resource
	Denial of justice due bribery of police which further traumatises the survivor
	Strain on the already over constrained health services

The effects of GBV are very wide and affect the whole segment of the economy and hence the need to reduce the incidence is of high importance. The section belows suggests some measures that will assist reduction of GBV effects.

### 5.5.7 Reduction of GBV Effects

The following were suggested by respondents in order to reduce GBV incidences:-

- Give the GBV education on how to protect the children to District team;
- Communities sensitization on GBV
- GBV related Law should be implemented
- Human right education should be provided,

- The GBV survivors should be provided with supports-legal and financial
- The department of social welfare should be financed and equipped adequately
- Raise awareness on women and children's right
- The society to take responsibilities to report GBV cases to the authorities
- There must be equal share of responsibilities in the society/family
- Involvement of women in fighting GBV

### 5.5.8 Resources for Dealing with GBV Cases

Resources for GBV are broad ranging from human resources, financial resources and equipments. Under human resources we refer to police officers, court officers, social welfare officers, teachers and parents but more important is their ability to face GBV related challenges. In terms of the number they are adequate but when we refer to technical capacity to handle GBV cases the number are not adequate. Equipments and their associated components also provide a challenge in handling GBV cases. The statement from one of respondents from key informant is presented below.

*There are no enough resources for GBV cases in our district; some of the villages have no police posts only Kitomanga has police post. Some of the villages have no hospital; there are libraries where people can visit to read different information on GBV. DSWO – Lindi Rural*

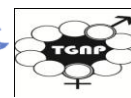
*The council put aside small fund for the department of social welfare. By now there is no enough Human resources, no car set aside for social welfare office and the department budget is low- DSWO - Mvomero District*

The feedback from respondents clearly shows that no resources are being set aside for dealing with GBV, thus, the need to sensitize the government through budget review guidelines to introduce/integrate items that will ensure resources allocation for dealing with GBV survivors issues are put in place is of the priority to GEWE II partners.

## 6.0 Baseline Indicators

### 6.1 GEWE II Outputs Indicators

GEWE II partner organizations were asked to respond to the status of interventions that are related to outputs of the GEWE II project. The findings from the data collected indicate that interventions have not yielded substantive achievements. In the organized forum related to gender there has been a notable achievements where by about 1,892 participants have been attending. Also in dissemination of IEC materials the performance are satisfactory but need more attention, so far GEWE II partners have been able to circulate about 1, 030. Other notable achievement is on legal aid and counseling services where about 4118 have been provide with the services. However in other indicators the project will start from the scratch such as in areas of establishing standard mechanisms/procedures for handling GBV cases, and attempt to ensure domestic violence bills reflected in the law of marriage are repealed. Table 13 below present status of GEWE II baseline output indicators

**TABLE 13: BASELINE INDICATORS FOR GEWE II OUTPUTS**

S/N	Indicators	TAMWA (ZNZ)	TAMWA (TZ)	ZAFEL A	TAWLA	CRC	TGNP	Total
1	Number of journalist collecting GBV news at grassroots level	3						3
2	Number of animators trained	60		45				105
3	Number of messages delivered directly to audience	3	-		9			12
4	Number of national budget guideline review					1	8	9
5	Number of participants in various forum organized	3		1000		4	885	1892
6	Number of person (paralegals) trained on GBV			45	5			50
7	Number of animators trained on GBV	3					78	81
8	Number of mobilization meetings on GBV conducted	20	3	8		4	6	41
9	Number of staff from GEWE II partner organization trained on GBV	9			1	2		12
10	Number of people provided with legal aid and counseling services	3	732	200	334	2800	49	4118
11	Number of advocacy meetings conducted	3					7	10
12	Number of legislatures reviewed and bills drafted and shared		1		8			9
13	Number of IEC materials produced and disseminated (training manuals)		10	1000	5		15	1,030
14	Quality of GDSS established							0
15	Quality of PAR carried out							0
16	Standard mechanism/procedures for handling GBV cases in place and functional							0
17	Number of domestic violence bill to reflect in the law of marriage repealed							0

## 6.2 Media Programmes on GBV

Media houses were asked to respond about the GBV programmes, compositions, trainings, documentaries and themes aired for the last twelve months, the total of 60 GBV radio/magazine programmes were produced, The GBV themes were about gender equality, rape, inheritance, underage marriage, genital mutilation and customs.

Media houses have been able to train about 14 editors and 44 journalists on how to report the issues concerning GBV; On average there has been an increase in the rate of writing documentaries concerning GBV. However, inadequate financial resources and lack of spirit demotivated journalist in writing good GBV documentaries.

As regards to interaction between women and media houses, it is estimated that about 121 women had interacted with the media houses on GBV issues. . Table 14 below presents the status of Media houses on GBV issues;

TABLE 12: MEDIA PROGRAMMES ON GBV					
INDICATORS	NEWALA FM	RUANGWA FM	TBC-SOUTHERN ZONE	ITV	TOTAL
Number of GBV RADIO/MAGAZINES programmes produced by the media house for the last twelve months	2.		10.	48.	60.
GBV themes coverage 1. Heritage/legacy; 2. Women in politics; 3. Customs; 4. Underage marriage; 5. Mutilation	3.	1, 2, 5.	1, 4, 5	2.	
Number of editors trained on how to report GBV	2.	2.		10.	14
Number of journalists trained on GBV	2.	2.		40.	44



Status of documentaries written for the training they got on GBV 1. Good; 2. Average; 3. Bad	2.	2.		1.	
Reasons for not writing good GBV documentaries 1. Understandings; 2. Lack of spirit; 3. Money; 4. Other reason			2.	3.	
Number of women interacted with media house on GBV issues	20.	1.		100.	<b>121</b>

## 7.0 Conclusion and Recommendations

### 7.1 Conclusion

The survey shows that most of the gender based violence parameters are not clearly known. The levels of awareness on gender based violence among the women and girls in the ten districts are generally very low. There is no clear structure of reporting gender based violence. Coping mechanisms for GBV survivors are inadequate, not well structures and un coordinated.

### 7.2 General suggestions by the Survey Participants

Several suggestions were made by the head of households, women respondents, government officials, police officers, health personnel, key informants, participants in the focus group discussions and other stakeholders on how to improve the fight against gender based violence. They also noted that the communities have lost trust in the established system of handling cases related to gender based violence. Suggestions made by the participants are as follows:-

- ❖ Strengthening collaboration among the institutions dealing with handling GBV cases;
- ❖ The Local government offices (including shahias coordinators in Zanzibar) at district levels and department of Social welfare should be provided with the financial support to reach to the inaccessible places where GBV occurs;
- ❖ Social development structure should be improved to reach grassroots level;
- ❖ Hospitals and health centers should be provided with all necessary equipments and adequate medicines for GBV survivors;
- ❖ Sensitize all medical doctors and health centers to treat GBV survivors without PF3 and then, the survivor can be referred to various places like police and social welfare offices;

- ❖ Shortening time taken by the court on GBV cases.
- ❖ The GBV survivors need to provide full cooperation to the police.
- ❖ Education on human right and other rights should be provided in ten districts;
- ❖ Community based organizations should work and expand their services to GBV survivors in rural areas and should not concentrate in towns only;
- ❖ There should be the law for regulating uses of communication technology, TV, phone because they are the source for the children who practice sex at early ages;
- ❖ Social welfare office put the record on monitoring the progress of the survivor cases and their destination.
- ❖ Sensitize families not to conclude GBV cases at the family level. The most challenge is the community or family member readiness to give the cooperation on giving details of real situation for this violence.
- ❖ Gender education is mostly needed to the society.
  
- ❖ The girls and women themselves need to be sensitized and empowered in school and other gatherings.
- ❖ Establishment of a system where communities are equipped with women's rights and are able to advocate against GBV
- ❖ There is need to establish human rights centers/ bodies in the district where the community members can report - even the misdeeds of police since sometimes cases are mishandled because of corruption.
- ❖ There is need for more intense community sensitization on issues concerning GBV in collaboration with local government authorities, the community, religious leaders and teachers. Also, by use of mass and electronic media like local radio stations existing in the ten districts, masses could be reached and awareness rose.
- ❖ Existing women groups should be used to conduct sensitization through drama. The community should be

educated about the dangers of GBV, the causes and effects as well as the ways of reporting.

- ❖ More sensitization of local government authorities, health personnel, political leadership, and religious leaders is needed. The sensitization should cover the procedures as to when to report GBV cases and where.
- ❖ Government to invest money so that GBV survivors are assisted with transport costs instead of the GBV survivors having to incur all the costs of litigation which in most cases they do not have.
- ❖ Police should be assisted and facilitated to expedite the process of investigation.
- ❖ Community policing should be further encouraged.
- ❖ Different stakeholders should be involved so that GBV cases are handled properly like the preservation of evidence, and the knowledge that priority has to be given to medical examination.
- ❖ There should be extensive GBV education in schools so that the children are taught enough skills of how to avoid being a victim of GBV. Even the parents and the whole community need such information so that they can look after their children as well.
- ❖ Awareness messages should be encouraged as a way of warning different categories of community about the dangers of involving themselves in GBV.
- ❖ Counseling and guidance should be offered and given priority.
- ❖ Community should be encouraged to report GBV cases.
- ❖ There should be regular meetings and conduct talk shows to educate the community on GBV.
- ❖ There is a need of GEWE II partners to raise community awareness on all types of their rights and how to demand them
- ❖ GEWE II should conduct community sensitization on issues of GBV. This will enable the community to be

aware and fight against it.

### ***7.3 Key Action Points for GEWE II***

The baseline study has revealed that GBV occurs in all ten districts and it is on the rise and rape was noted as the most worst type of violence among others. It is also true that the study has noted various attempts are being made at different levels to address GBV. Further more the study findings has also noted the presence of some agencies (government and non government) handling different aspects of GBV. GEWE II therefore should consider measures that will strengthen implementation of project and how to network and work with them to achieve desired GEWE II outcomes. There is need to establish the pertaining gaps and revisiting some of the strategies and activities of the GEWE II partners and address them accordingly. Below is set of key action points that the baseline study suggests GEWE II to consider in its implementation:-

**Creating a common understanding on operational definition of GEWE II terminologies of equality, gender empowerment, rights and gender based violence:** The findings from baseline study indicate different understanding of equality, gender empowerment, rights and gender based violence. It is a right time for GEWE II to come up with standard operational definition of the common terminologies that will guide all GEWE II implementing partners and other stakeholders.

**Mass Sensitization and reduction of GBV:** There is need for mass sensitization for all community members both the young and the adults on GBV, the forms, causes, risky areas, perpetrators, effects, where to report and the prevention measures. Two methods of sensitization, radio and television should be given more weight than print media method given the findings from the baseline study in the ten districts.

**Strengthening the Capacity of Partners advocating for Anti GBV:** All GEWE II implementing partners and relevant institutions dealing with GBV (Police, AG, DPP, Magistrates, medical offices, District Social Welfare Officers, and Teachers) should be trained on the different aspects of gender based violence e.g. causes, forms, effects, measures to prevent, places of service, human rights, pertaining legal framework, gender and violence among others. As such the GBV materials focusing on identification of GBV, handling of different cases of GBV, causes, effects, places of reporting, perpetrators, referral system should be prepared.

**Establishment of one stop responsive network on GBV:** Gender issues should be followed up through participatory approaches. Production of documentaries by journalists indicating the voices of women, men and children and their levels of vulnerability should be given more attention. The documentaries will be used for advocacy on GBV and to bring out the voices of men, women and children on GBV. This can be conducted to back up the advocacy and training as well as the GBV intervention programme.

**Creating awareness amongst the Community on the existing Mechanisms for Coping with GBV:** GEWE II baseline survey finding noted that this issue was a major gap. GEWE II should focus on awareness raising and networking with partners' organizations and other CSOs in handling GBV related cases for referral purposes. This should be preceded by mapping of stakeholders, CSOs involved in handling GBV for instance those with reception

centre's for the GBV survivors and counseling centers. GEWE II should design some mechanisms, systems and put in place some structures especially at district level to enable GBV survivors cope with GBV situation.

**Formation of GBV Media Groups:** There is need to formulate a strong GBV media group that will comprise all strategic media houses(local) existing in ten district where GEWE II project is being implemented. Identification of specific areas for raising awareness of the community at district level on GBV need to be done. More efforts should be on Radio and television since they are the most popular in the ten districts as per baseline survey findings.

**Development of GBV Communication Strategy:** There is need to design GBV communication strategy to guide advocacy and sensitization on GBV in all ten districts. Such strategies/ will facilitate development of relevant messages that focus on the specific GBV issues in each district based on the baseline survey findings such as GBV and human rights, gender dimensions of GBV, GBV and the laws, issues on access and utilization of services and resources. Relevant sensitization materials and training manuals covering the critical issues identified by the baseline study findings should be developed.

**Strengthening Coordination of GEWE II implementation:** There is a need for TAMWA to strengthen coordination of GBV interventions among all stakeholders particularly the government departments and NGO efforts. GEWE II needs to conduct consultative meetings regularly with GBV related stakeholders and spearhead the formation of a network. It has been noted from the baseline studies that there are various uncoordinated efforts in fighting GBV at district level and these efforts are not well coordinated.

**Strengthening Coordination of GEWE II monitoring and evaluation system:** Baseline study has provided some base line indicators for GEWE II project, it is important that more emphasis is put to document changes (progress) that results from GEWE II project implementation. Strengthening monitoring, evaluation and reporting system will facilitate identification of areas that need attention and hence achievement of intended results. The findings from baseline study has noted quite a number of interventions have been done but not documented.



## Appendices

### Appendix I: Questionnaire

#### GENDER EQUALITY AND WOMEN EMPOWERMENT

#### BASELINE SURVEY

Baseline questionnaire – November 2012

Statement to be Read Before Interview Begins: Jina langu ni \_\_\_\_\_ na ninafanya kazi na wadau wa TAMWA, TGNP, TAWLA, CRC, na ZAFELA. Tunafanya utafiti ili kujifunza kuhusu maendeleo ya kijamii na kiuchumi. Matokeo ya utafiti huu yatatusaidia kubaini hali halisi ya ukatili wa kijinsia katika maeneo ya mradi ili kuja baadae kupima kuona mradi umeleta maendeleo kwa kiwango gani. Aidha matokeo ya utafiti huu utawezesha kubaini mbinu za kuboresha uendeshaji wa mradi huu wa kumwezesha mwanamke kuboresha hali yake ya kimaisha. Tunakukaribisha ushiriki kwenye huu utafiti. Maswali nitakayokuuliza yatachukua muda mfupi. Tarifa utakazotoa zitatumizwa kwa usiri mkubwa, hazitatolewa kwa mtu mwingine yeyote. Taarifa hizi zinakusanywa kwa ajili ya utafiti ili kuonyesha hali ya sasa ya mwanzo wa mradi. Tunakuomba ujisikie huru na utupe majibu ya wazi na ya ukweli bila kuogopa udhalilishaji au uvujaji wa taarifa hizi. Watafiti wanapendelea kuangalia/kujifunza na kutoa majibu ya ujumla na sio majibu ya mtu binafsi.

<i>IDENTIFICATION</i>	
QUESTIONNAIRE NUMBER	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
	<div> <div></div> </div>


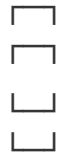


DATE OF INTERVIEW :	<div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div>D D M M Y Y</div></div>
NAME OF INTERVIEWER : _____	<div><div><div></div><div></div></div><div><div></div><div></div></div></div>

NUMBER OF THE RESPONDENTS IN THE HOUSEHOLD	<input type="text"/>
NUMBER OF PERSON LIVING IN THE HOUSEHOLD	<input type="text"/>
RESULT OF INTERVIEW :	<input type="text"/>
1 = COMPLETED; 2 = NOT COMPLETED	


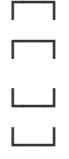

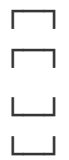


#### SECTION 1A: DEMOGRAPHICS OF HOUSEHOLD MEMBERS

Line Number	Name	Relation to Head of HH	Sex  Jinsi	Age  Umri	Children less than 18 years: Survival and residence of Parents		EDUCATION		LITERACY  5 YEARS & +	OCCUPATION  5 YEARS & +	
					Is the child's biological mother alive?	Is the child's biological father alive?	5 YEARS & +  CHECK AGE (104), IF LESS THAN 5 YEARS, GO TO NEXT LINE				5-18 YEARS  CHECK AGE (104), IF MORE THAN 18 YEARS SKIP TO 117
							Did (NAME) ever attend school?  IF NO, SKIP TO	What is the highest level and class			
	Jina	Mahusia no na mkuu wa kaya			Je mama mzazi wa (JINA)	Je baba mzazi wa (JINA)					

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					yuko hai?	yuko hai?	116 <i>Je, (JINA) amewahi kusoma shule?</i>  KAMA HAPANA, NENDA 116	(NAME) has achieved) ?  Je, (JINA) amefikia kiwango gani cha juu cha elimu na darasa?	anasoma shule?	attend?  Je, (JINA) anasoma shule aina gani?	write?  Je, (JINA) anajua kusoma na kuandika ?	occu patio n?  Je, (JINA ) kazi yake kuu ni nini?
100	101	102	103 M F	104	105 YES NO	106 YES NO	112 YES NO	113 LEVEL CLASS	114 YES NO	115 GOVER. PRIVATE  Serikali binafsi	116 YES NO	117
01			1 2		1 2	1 2	1 2 GO TO 116		1 2 GO TO 116	1 2	1 2	
02			1 2		1 2	1 2	1 2 GO TO 116		1 2 GO TO 116	1 2	1 2	

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							GO TO 116		GO TO 116			
03			1 2		1 2	1 2	1 2 GO TO 116		1 2 GO TO 116	1 2	1 2	
04			1 2		1 2	1 2	1 2 GO TO 116		1 2 GO TO 116	1 2	1 2	
05			1 2		1 2	1 2	1 2 GO TO 116		1 2 GO TO 116	1 2	1 2	

102	113		117
	LEVEL	CLASS	
1=HEAD, 2=SPOUSE, 3=SON/DAUGHTER, 4=FATHER/MOTHER	1=PRIMARY ELIMU YA MSINGI	0= KINDER GARDEN shule ya awali 1=STD1, 2=STD2, 3=STD 3 ,	00= NO OCUP, 1=AGRICULTURE, 2= PASTORALIST, 3=FISHER, 4=HANDICRAFT











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1=MKUU WA KAYA, 2=MUME/MKE, 3= MTOTO, 4=BABA/MAMA, 5=KAKA/DADA; 6=MJUKUU		4=STD4, 5=STD 5, 6=STD 6, 7=STD7	00= SINA KAZI, 1=MKULIMA, 2=MFUGAJI, 3=MVUVI, 4=FUNDI, 5=BIASHARA NDOGONDOGO
5=BROTHER/SISTER; 6=GRAND SON/GRAND DAUGHTER	2=SECONDARY	1=FRM 1, 2=FRM 2, 3=FRM 3, 4=FRM 4,5=FRM 5, 6=FRM 6	5=SMALL BUSINESS, 6=GOVERNMENT EMPLOYEE, 7=PRIVATE EMPLOYEE,  6=MWAJIRIWA wa serikali ,7= Mwajiliwa binafsi
7=UNCLE/AUNT, 8=NOT RELATED, 96=OTHER (SPECIFY)  7=MJOMBA/SHANGAZI, , 8=HAKUNA MAHUSIANO 96=MENGINEYO (TAJA)	3=COLLEGE/UNIV.	1 = 1st YEAR, 2 = 2nd YEAR,3=3rd YEAR, ...	8=STUDENT, 9=HOUSE WORK, 10=SMALL MINER 96=OTHER (SPECIFY)

Line Number	Name	Relation to Head of HH	Sex	Age	Children less than 18 years: Survival and residence of Parents		EDUCATION				LITERACY	OCCUPATION
					Is the child's biological mother alive	Is the child's biological father alive?	5 YEARS & +  CHECK AGE (104), IF LESS THAN 5 YEARS, GO TO NEXT LINE		5-18 YEARS  CHECK AGE (104), IF MORE THAN 18 YEARS SKIP TO 117		5 YEARS & +	5 YEARS & +
							Did (NAME) ever attend school?  IF NO, SKIP TO 116	What is the highest level and class (NAME) has	Is (NAME) currently in school?	What kind of school does (NAME)	Does (NAME) know how to read and	What is (NAME) main occupation?

								achieved)?		E) atten d?	write?	
100	101	102	103	104	105	106	112	113	114	115	116	117
			M F		YES NO	YES NO	YES NO	LEVEL CLASS	YES NO	GOVE R. PRIVA TE	YES NO	
06			1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2 GO TO 116	<input type="checkbox"/> <input type="checkbox"/>	1 2 GO TO 116	1 2	1 2	
07			1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2 GO TO 116	<input type="checkbox"/> <input type="checkbox"/>	1 2 GO TO 116	1 2	1 2	
08			1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2 GO TO 116	<input type="checkbox"/> <input type="checkbox"/>	1 2 GO TO 116	1 2	1 2	
				<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>				

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09			1 2		1 2	1 2	1 2 GO TO 116		1 2 GO TO 116	1 2	1 2	
10			1 2		1 2	1 2	1 2 GO TO 116		1 2 GO TO 116	1 2	1 2	
11			1 2		1 2	1 2	1 2 GO TO 116		1 2 GO TO 116	1 2	1 2	
12			1 2		1 2	1 2	1 2 GO TO 116		1 2 GO TO 116	1 2	1 2	
13			1 2		1 2	1 2	1 2 GO TO 116		1 2 GO TO 116	1 2	1 2	



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14			1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2 GO TO 116	<input type="checkbox"/> <input type="checkbox"/>	1 2 GO TO 116	1 2	1 2	
15			1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2 GO TO 116	<input type="checkbox"/> <input type="checkbox"/>	1 2 GO TO 116	1 2	1 2	

**SECTION 1 B: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS**

No	QUESTIONS	ANSWER / CODES	GO TO
120	ENUMERATOR:RECORD THE SEX OF THE RESPONDANT	MALE 1 FEMALE 2	
121	How old are you?  Una umri wa miaka mingapi?	age <input type="checkbox"/> <input type="checkbox"/>	

	ENUMERATOR:WRITE THE WHOLE NUMBER		
122	What is your current marital status?  Hali yako ya ndoa kwa sasa ikoje?	SINGLE 1 WIDOW 2 DIVORCED/SEPARATED 3 MARRIED monogamous 4 MARRIED polygamous 5	
122.2	Can you read and write in English/Swahili or any other local languages?  Unajua kusoma na kuandika Kiswahili au kiingereza au lugha nyingine yeyote?	YES 1 NO 2	
123	Have you ever attended school?  Umewahi kusoma shule?	YES 1 NO 2	→125
124	What is the highest level of schooling that you have reached?	PRIMARY 1 SECONDARY 2 COLLEGE/UNIVERSITY 3	

	Una kiwango gani cha elimu?		
125	<p>How many dependent children do you have?</p> <p>Unawatoto wangapi wanaokutegemea?</p> <p>ENUMERATOR: RECORD ALL THE DEPENDENT CHILDREN HE/SHE HAS. IF NO DEPENDENT CHILDREN WRITE 00 IN THE BOXES.</p>	<div> <div>┌┐┐</div> <div>└└└</div> </div>	
126	<p>Are you a member of any income generating group?</p> <p>Je wewe ni mwanachama wa katika kikundi cha ujasilia mali?</p>	<p>YES 1</p> <p>NO 2</p> <p>NOT YET DETERMINED 8</p>	

## SECTION 2: DOMESTIC AND AGRICULTURAL EQUIPMENT OWNED BY THE HOUSEHOLD

N°			Can you sell this item if you want without anybody else's permission?
	Type of Asset	Quantity  IF DOES NOT OWN WRITE 0	Unaweza kukiiza kitu hiki bila hidhini ya mtu mwingine?
311.1	312	313	315
1	LIVESTOCK YES NO		
1.1	Cattle – Ng'ombe		1 2
1.2	Donkeys - Punda		1 2
1.3	Sheep – Kondoo		1 2
1.4	Goats - Mbuzi		1 2
1.5	Pigs – Nguruwe		1 2
1.6	Chicken/Duck - Kuku/bata		1 2
1.7	Pheasant - Kanga		1 2

1.8	Pigeons - Njiwa		1	2
2	MEANS OF TRANSPORTATION			
2.1	Car – Gari		1	2
2.2	Motorcycle – Pikipiki		1	2
2.3	Bicycle – Baiskeli		1	2
2.4	Ox – cart – Maksai		1	2
3	ELECTRONICS			
3.1	Radio – Redio		1	2
3.2	Television - Televisheni		1	2
3.3	Cell phone - Simu ya kiganjani		1	2
3.4	Landline - Simu ya mezani		1	2
3.5	Fan – Feni		1	2
3.6	Fridge - Jokofu		1	2
3.7	DVD player		1	2
3.8	Camera		1	2
4	AGRICULTURAL MATERIAL			
4.1	Tractor		1	2

4.2	Hoe – Jembe la mkono		1	2
4.3	Plough - Jembe la plau		1	2
4.4	Irrigation pump - Pampu ya kumwagilia maji		1	2
4.5	Treadle pump - Mashine ya kumwagilia kwa kukanyaga kwa mguu		1	2
4.6	Milling machine – mashine ya kusaga		1	2
4.7	Wheelbarrows - Toroli		1	2
4.8	Groundnut huskers – mashine ya kubangua karanga		1	2
4.9	Sickles - Kotama		1	2
4.10	Cassava Processor – mashine ya kusindika mihogo		1	2
5	OTHER GOODS			
5.1	Mattress - Godoro		1	2
5.2	Bed - Kitanda		1	2
5.3	Lantern – taa ya chemli		1	2
5.4	Sewing machine -cherehani		1	2

5.5	Sofa Dining set - makochi		1	2
5.6	Solar Panel – vifaa vya umeme wa jua		1	2
5.7	Farming land – ardhi ya kilimo		1	2

### SECTION 3: MEDIA COVERAGE ON GBV RELATED ISSUES

N°	QUESTION	ANSWER/CODE	GO TO
500	<p>Has there been any special Radio, TV and Magazine programs on GBV themes heard in the last 12 months?</p> <p>Je, kumekuwa na programu za radio au TV, Magazeti zikihusu unyanyasaji wa kijinsia ulizosisikia katika muda wa miezi kumi na mbili iliopita?</p>	<p>YES 1</p> <p>NO 2</p>	→502
501	<p>How many Radio/TV programs you have heard in the last twelve months?</p> <p>Je, ni programu ngapi za Radio, TV na Magazeti umezisikia kwa kipindi cha miezi kumi na mbili iliopita?</p>	<p><input type="text"/></p> <p><input type="text"/></p>	

502	What was the theme of Radio/TV/Magazines programme you have heard?	YES NO		
	Ubakaji	UBAKAJI	1 2	}
	Ubakaji wa watoto chini ya miaka 18	MIRATHI	1 2	
	Mirathi	KE NASIASA	1 2	
	Kulazimishwa ndoa kwa watoto chini ya miaka 18	MILA	1 2	
	Ukeketaji	NDOA	1 2	
	Nafasi za wanawake katika siasa	UTOTONI		
		UKEKETAJI	1 2	
	Je maudhui ya programu za Radio, TV an Magazeti uliyoyasikia yalikuwa yapi?			
	Ubakaji			
	Ubakaji wa watoto chini ya miaka 18			
	Mirathi			
	Kulazimishwa ndoa kwa watoto chini ya miaka 18			
	Ukeketaji			
	Nafasi za wanawake katika siasa			



502.1	Je umeshawahi kushiriki katika kipindi cha habari inayohusu ukatili wa kijinsia?	Yes    No  2	
502.2	Taja maeneo uliyoshiriki		


#### SECTION 4: CIVIL SOCIETY AND POLITICAL PARTICIPATION

No	QUESTIONS	ANSWER/CODES	GO TO
600	Are you a member of any community based associations or networks?  je wewe ni mwanachama wa shirika lolote la kijamii au jumuiya?	YES 1 NO 2	→ 602

Now, we're going to ask you some questions about each of these groups of which you are member

Sasa, tutakuuliza maswali kuhusu kila kikundi ambacho wewe ni mwanachama.

What is the name of the associations/network?	What kind of organization is it?	How long have you been a member? SPECIFY THE NUMBER OF YEAR. IF LESS THAN ONE YEAR PUT 00	Are you a board member or hold a leadership position?
Shirika hilo linaitwaje?	Ni shirika la aina gani?	Umekuwa mwanachama kwa muda gani?	Wewe ni mwanachama wa bodi au unashikilia nafasi yoyote ya uongozi?
601.1	601.2	601.3	601.4
			YES NO
		<div> <div></div> <div></div> </div>	1 2
		<div> <div></div> <div></div> </div>	1 2
		<div> <div></div> <div></div> </div>	1 2
		<div> <div></div> <div></div> </div>	1 2

			1      2
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<b>601.2</b>
<p>1= RELIGIOUS    2=FARMER ASSOCIATION    3= HANDICRAFT ASSOCIATION</p> <p>4=PARENTS TEACHERS ASSOCIATION    5= WATER COMMITTEE 6= TRADITIONAL DOCTORS ASSOCIATION</p> <p>7= BUSINESS ASSOCIATION    8= VILLAGE ASSOCIATION    9=WOMEN ASSOCIATION</p> <p>10= YOUTH/CHILDREN ASSOCIATION    96=OTHER (SPECIFY)</p>

#### SECTION 4: CIVIL SOCIETY AND POLITICAL PARTICIPATION

No	QUESTION	ANSWER/CODE	GO TO
602	<p>Did you vote in the last parliamentary election in 2010?</p> <p>Ulipiga kura kwenye uchaguzi uliopita wa wabunge wa 2010?</p>	<p>YES 1</p> <p>NO 2</p>	→ 604
603	<p>Who decided for who you should vote for in the last parliamentary election?</p> <p>Nani alikufanyia uamuzi wa umpe kura nani kwenye uchaguzi wa bunge uliopita?</p>	<p>MYSELF 1</p> <p>MY HUSBAND 2</p> <p>COMMUNITY LEADERS 3</p> <p>THE PARTY 4</p> <p>TEN CELL LEADERS 5</p> <p>PARENTS 6</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>} 605</p>
604	What was the main reason you did not vote?	<p>DISAGREEMENT WITH HUSBAND 1</p> <p>I WASN'T AWARE 2</p>	

	Nisababu zipi za msingi zilizokuzuia kupiga kura?	NO ELECTORAL CARD. 3 LACK OF TIME 4 DOES NOT CONCERN WOMEN 5 DID NOT HAVE THE AGE TO VOTE 6 OTHER _____ 96 (SPECIFY)	
605	Do you have any knowledge on GBV laws?  Je, unao ufahamu wowote juu ya sheria zinazohusu unyanyasaji wa kijinsia?	YES 1 NO 2	
606	In the last 12 months, have you expressed your opinion in a public meeting, local government, religious leaders meeting regarding gender based violence?  Miezi 12 iliyopita,umetoa maoni yako kwenye mikutano ya hadhara, serikali za mitaa, viongozi wa kidini mikutano inayohusiana na unyanyasaji wa kijinsia?	YES 1 NO 2	
607	During the past 12 months, have you been a member of any council advisory team for any community	YES 1	

	<p>conflict resolution?</p> <p>Miezi 12 iliyopita, umewahi kuwa mjumbe wa baraza lolote la usuluhishi?</p>	<p>NO 2</p>	
608	<p>Je ukipata unyanayasaji wa kijinsia wapi unaenda?</p>	<p>HOSPITALI 1</p> <p>POLISI 2</p> <p>SERIKALI ZA MITAA 3</p> <p>VITUO VYA MSAADA WA KISHERIA 4</p> <p>NYINGINE-----96</p> <p>SPECIFY</p>	
609	<p>Je umeshapata elimu yeyote kuhusiana na unyanayasaji wa kijinsia?</p>	<p>YES 1</p> <p>NO 2</p>	
610	<p>In your opinion does the quality of relationship and credibility developed with policy actors?</p> <p>Kwa mtazamo wako, je ubora wa mahusiano na uaminifu umejengeka miongoni mwenu na mamlaka husika (i.e. polisi,hospitali,serikali za mitaa na vituo vya msaada wa sheria?</p>	<p>YES 1</p> <p>NO 2</p>	

611	What specific rights are you aware of?  Ni haki zipi unazozifahamu?	RIGHT TO EDUCATION	A	
		HEALTH	B	
		FOOD	C	
		PROTECTION	D	
		TO BE HEARD	E	
		TO AN IDENTITY	F	
		ASSOCIATION	G	
		PARTICIPATION	H	
		TO PLAY	I	
		OTHER _____	X	
		(SPECIFY)		
		DON'T KNOW	Z	
612	Je unafahamu maana ya neno usawa wa kijinsia linavyotumika katika kijiji/eneo hili	YES	1	
		NO	2	
613	Je unafahamu maana ya neno uwezesaji wa wanawake (empowerment) linavyotumika katika kijiji/eneo lenu?	YES	1	
		NO	2	



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## SECTION 5: SELF IMAGE/CONFIDENCE & SOCIAL POSITION

THIS SECTION AND THE FOLLOWING ONE ARE ONLY FOR FEMALE RESPONDANTS

700	ENUMARATOR CHECK  <div> <div>RESPONDANT IS A FEMALE <input type="checkbox"/></div> <div>RESPONDANT IS A MALE <input type="checkbox"/></div> </div> <div>↓</div>	→ END
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On a scale from 1-4, with **1 =strongly disagree; 2=somehow disagree; 3=somehow agree; 4= strongly agree**. Please rate the following statements:

Kwa kipimo cha 1-4 ,Ikimaanisha: 1=Nakataa kabisa,2=Nakataa kiasi, 3= Nakubali kiasi, 4=Nakubali

kabisa. Tafadhali pima sentensi zifuatazo:

No.	STATEMENTS	1	2	3	4
<b>WOMAN SELF ESTEEM</b>					

1	<p>I can resolve GBV problems on my own</p> <p>Naweza kutatua matatizo ya unyanyasaji wa kijinsia mimi mwenyewe.</p>				
2	<p>If somebody opposes me, usually I can find a way to get what I want</p> <p>Mtu akipingana na mimi, mara nyingi naweza kupata ufumbuzi wa yale ninayo yahitaji</p>				
3	<p>I always find some way to deal with problems that confront me</p> <p>Mara nyingi natafuta ufumbuzi kutatua matatizo yanayo nikiabili.</p>				
4	<p>I can influence my husband's decision making.</p> <p>Naweza kuwa na ushawishi mkubwa kwa maamuzi ya mume wangu</p>				
5	<p>I can take action to improve my life</p> <p>Naweza kuchukua uamuzi ili kuboresha maisha yangu</p>				

6	I can influence important decisions in my community Naweza kushawishi maamuzi muhimu kwenye jamii yangu				
7	I am confident to speak in community meetings Ninaujasili wa kuzungumza kwenye mikutano ya kijamii				
<b>WOMAN PERCEPTION OF HER SOCIAL POSITION</b>					
8	My husband shows me respect Mume wangu ananiheshimu				
9	My husband value my role in the household Mume wangu anathamini mchango wangu kwenye kaya				
10	Other members of the extended family show me respect Ndugu zangu wengine wananiheshimu				

11	People in the community ask and value my opinion Watu katika jumuiya yangu huniuliza na kuthamini ushauri wangu				
12	People in the community respect me Watu katika jumuiya yangu wananiheshimu				

## SECTION 6: HOUSEHOLD DECISION MAKING

No	QUESTION	ANSWER/CODE	GO TO
<b>FILTER CHECK QUESTION 122</b>  THE RESPONDANT IS NOT MARRIED <input type="checkbox"/> 801.2 THE RESPONDANT IS MARRIED (Q122=4 OR 5)  <input type="checkbox"/>			
800	Has your husband used abusive language in the past 12 months?  Mume wako aliwahi kukutukana kwa miezi 12	YES 1 NO 2	

	iliyopita?		
801	<p>In general, who in your household decides about the Household financial expenses allocation?</p> <p>Kwa ujumla ni nani anayetoa maamuzi ya matumizi ya fedha katika kaya?</p>	<p>ME 1</p> <p>MY HUSBAND 2</p> <p>ME AND MY HUSBAND 3</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p>	
801.1	<p>Do you have the right to inherit from your husband (in case of his death)?</p> <p>Je unahaki ya kurithi kutoka kwa mume wako ikitokea amefariki?</p>	<p>YES 1</p> <p>NO 2</p>	
801.2	<p>Have you experienced any physical violence during the last 12 months?</p> <p>Je umeshawahi kupata shambulio la kimwili ndani ya miezi 12 iliyopita?</p>	<p>YES 1</p> <p>NO 2</p>	→802
801.3	Who was responsible for this physical violence?	SEXUAL PARTNER A	

	Nani alisababisha shambulio hilo la kimwili?	PARENTS B TEACHERS C SIBLINGS D OTHER _____ X (SPECIFY)	
802	Can you use freely the income from your IGA without anybody else permission?  Je unaweza kutumia fedha zinazopatikana kutokana na shughuli za uzalishaji bila hidhini ya mtu yoyote?	YES 1 NO 2 DO NOT CONDUCT IGA 8	
803	Can you use freely the production from your field without anybody else permission?  Je unaweza kutumia mazao ya shamba bila hidhini ya mtu mwingine?	YES 1 NO 2 DO NOT PRODUCE 8	

For each of the items below, please tell us if you believe your contribution (to decision making, to costs) is high, moderate, small, or nonexistent?

Kwa vipengele vifuatavyo, tafadhali tuambie kama unaamini kuwa mchango wako kwenye( kufanya maamuzi na kifedha) ni mkubwa, wastani,kidogo au hakuna kabisa?

ITEM	CONTRIBUTION DECISIONS MCHANGO WA MAAMUZI  1 = none, 2=small, 3=moderate, 4 =high	CONTRIBUTION EXPENSES GHARAMA ZA MCHANGO  1 = none, 2=small, 3=moderate, 4 =high
806	807	808
1. Household children's schooling  Kusomesha watoto	1      2      3      4	1      2      3      4
2. Health of household members  Afya ya wanakaya	1      2      3      4	1      2      3      4

Afya		
3. Food for household members Chakula cha wanakaya	1       2       3       4	1       2       3       4
4. Housing, including house repair, acquisition of new land, etc. Makazi, ikiwemo marekebisho ya nyumba, manunuzi ya ardhi na vinginevyo	1       2       3       4	1       2       3       4
5. Household equipment for domestic and productive goods Vifaa vya ndani na bidhaa za uzalishaji	1       2       3       4	1       2       3       4



**SECTION 8 : ENHANCED COLLECTIVE ACTIVISM ON GBV, STRENGTHENED CAPACITY OF INSTITUTIONS DEALING WITH GBV ISSUES AND IMPROVED LEGAL AND POLICY FRAMEWORKS RESPONDING TO GBV**

***Appendix II : Questions to Media houses***

QUESTION GUIDES FOR KEY INFORMANT INTERVIEWS – MEDIA PERSONNEL

Name of Media house : \_\_\_\_\_

Title of media house representative : \_\_\_\_\_

District: \_\_\_\_\_

Contact Details: \_\_\_\_\_

N°	QUESTION	ANSWER/CODE	GO TO
503	<p>How many GBV RADIO/TV programmes are produced by the media house for the last twelve months?</p> <p>Programu ngapi za GBV za Radio/TV zinazalishwa katika shirika hili la habari kwa kipindi cha miezi kumi na mbili iliopita?</p>	<input type="checkbox"/>  <input type="checkbox"/>	

504	<p>What was the composition of the GBV themes , did it include the following?</p> <p>Ubakaji</p> <p>Ubakaji wa watoto chini ya miaka 18</p> <p>Mirathi</p> <p>Kulazimishwa ndoa kwa watoto chini ya miaka 18</p> <p>Ukeketaji</p> <p>Nafasi za wanawake katika siasa</p>	<table> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> <tr> <td>UBAKAJI</td> <td>1</td> <td>2</td> </tr> <tr> <td>MIRATHI</td> <td>1</td> <td>2</td> </tr> <tr> <td>KE NASIASA</td> <td>1</td> <td>2</td> </tr> <tr> <td>MILA</td> <td>1</td> <td>2</td> </tr> <tr> <td>NDOA</td> <td>1</td> <td>2</td> </tr> <tr> <td>UTOTONI</td> <td></td> <td></td> </tr> <tr> <td>UKEKETAJI</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	UBAKAJI	1	2	MIRATHI	1	2	KE NASIASA	1	2	MILA	1	2	NDOA	1	2	UTOTONI			UKEKETAJI	1	2	
	YES	NO																									
UBAKAJI	1	2																									
MIRATHI	1	2																									
KE NASIASA	1	2																									
MILA	1	2																									
NDOA	1	2																									
UTOTONI																											
UKEKETAJI	1	2																									
505	<p>How many editors have been trained on how to report on GBV?</p> <p>Ni wahariri wangapi wamepata mafunzo ya nayo husu kuripoti masuala ya unyanyasaji wa kijinsia?</p>	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>																									

506	How many journalist have been trained on GBV?  Waandishi wa habari wangapi waliopata mafunzo ya unyanyasaji wa kijinsia?	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>	
507	Ni kwa kiwango gani cha uandishi wa makala unaweza sema kimeongezeka kwa mafunzo waliokwisha ya pata ya unyanyasaji wa kijinsia?	<div>GOOD1</div> <div>AVERAGE2</div> <div>BAD3</div>	<div>→509</div> <div>→509</div>
508	Nini ilikuwa sababu ya kutoandika makala nzuri za unyanyasaji wa kijinsia?	<div>UELEWA A</div> <div>KOSA ARII B</div> <div>FEDHA C</div> <div>SABABU NYINGINE _____ X</div> <div>(SPECIFY)</div>	
509	How many of Women were interacted with your media house on GBV issues?  Ni wanawake wangapi wamewasiliana na shirika lako la habari kuzungumzia masuala ya unyanyasaji wa kijinsia?	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>	

### ***Appendix III: Questions to GEWE II partners (TAMWA, TGNP, CRC, TAWLA, ZAFELA)***

#### QUESTION GUIDES FOR KEY INFORMANT INTERVIEWS – PARTNER ORGANIZATION' PERSONNEL

Name of Partner organization: \_\_\_\_\_

Title: \_\_\_\_\_









District: \_\_\_\_\_


Contact Details: \_\_\_\_\_

N°	QUESTION	CODE	GO TO
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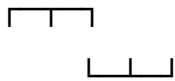
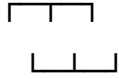
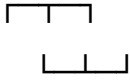
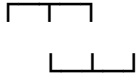
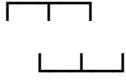
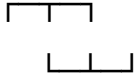
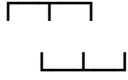
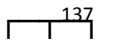
512	<i>Ni kiasi gani cha wanawake walio hudumiwa kwa kesi za unyanyasaji wa kijinsia?</i>	1. Wete	
		2. Unguja Magharibi	
		3. Unguja kusini	
		4. Kisarawe	
		5. Mvomero	
		6. Newala	
		7. Lindi Vijijini	
		8. Ruangwa	

513	<i>Ni aina gani ya kesi za unyanyasaji wa kijinsia zilizoshughurikiwa?</i>	UBAKAJI MIRATHI KE NASIASA MILA NDOA UTOTONI UKEKETAJI NYINGINE _____ (TAJA)	
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514	<p><i>Ni kiasi gani cha Wakusanyaji wa habari wa unyanyasaji wa kijinsia kilichopo katika ngazi ya chini?</i></p>	<p>1. Wete </p> <p>2. Unguja Magharibi </p> <p>3. Unguja kusini </p> <p>4. Kisarawe </p> <p>5. Mvomero </p> <p>6. Newala </p> <p>7. Lindi Vijijini </p> <p>8. Ruangwa </p>	
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

515	<i>Ni kiasi gani cha animators(Wahamasishaji) kilichopo katika shirika lako?</i>		
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





516	<p><i>Ni Kiasigani cha ujumbe/ ushauri umekwisha tolewa na shirika lako kutokana na utafiti moja kwa moja kwa jamii?</i></p>	<div data-bbox="1122 193 1223 225">1. Wete</div> <div data-bbox="1368 204 1541 284">  </div> <div data-bbox="1122 331 1368 363">2. Unguja Magharibi</div> <div data-bbox="1424 343 1541 422">  </div> <div data-bbox="1122 534 1317 566">3. Unguja kusini</div> <div data-bbox="1413 545 1541 625">  </div> <div data-bbox="1122 737 1263 769">4. Kisarawe</div> <div data-bbox="1406 748 1541 828">  </div> <div data-bbox="1122 940 1274 971">5. Mvomero</div> <div data-bbox="1417 951 1541 1031">  </div> <div data-bbox="1122 1142 1245 1174">6. Newala</div> <div data-bbox="1408 1153 1541 1233">  </div> <div data-bbox="1122 1345 1290 1377">7. Lindi Vijijini</div> <div data-bbox="1415 1356 1541 1436">  </div> <div data-bbox="1122 1544 1263 1576">8. Ruangwa</div> <div data-bbox="1408 1540 1541 1588">  </div>
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517	<i>Ni mara ngapi miongozo ya bajeti imekuwa ikifanyiwa mapitio kwa madhumuni ya kuiboresha masuala ya unyanyasaji wa kijinsia?</i>	<i>Bajeti</i> <div> <div></div> <div></div> <div></div> </div> <i>PER</i> <div> <div></div> <div></div> <div></div> </div>	
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518	<i>Ni idadi gani ya waliokuwa wakishiriki makongamanoyla kijinsia</i>	1. Wete	
		2. Unguja Magharibi	
		3. Unguja kusini	
		4. Kisarawe	
		5. Mvomero	
		6. Newala	
		7. Lindi Vijijini	
		8. Ruangwa	









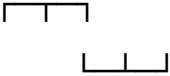
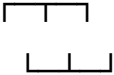
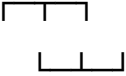

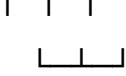
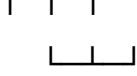
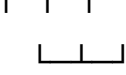



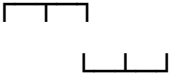
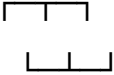
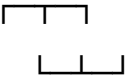
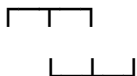

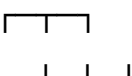
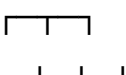
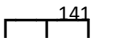



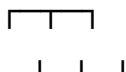
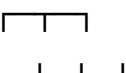
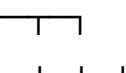
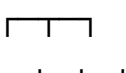
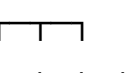
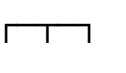
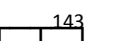


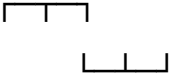
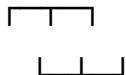
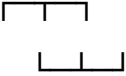
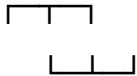
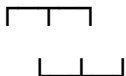
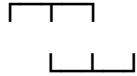
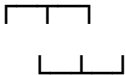
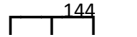



519	<p><i>Nikiasi gani cha wataalam wa sheria ngazi za jamii (Paralegals) wamepata mafunzo ya sheria juu ya unyanyasaji wa kijinsia?</i></p>	<p>1. Wete </p> <p>2. Unguja Magharibi </p> <p>3. Unguja kusini </p> <p>4. Kisarawe </p> <p>5. Mvomero </p> <p>6. Newala </p> <p>7. Lindi Vijijini </p> <p>8. Ruangwa </p>	
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517	<p><i>Nikiasi gani cha watoa nasaha ngazi za jamii (Animators) wamepata mafunzo ya sheria juu ya unyanyasaji wa kijinsia?</i></p>	<p>1. Wete </p> <p>2. Unguja Magharibi </p> <p>3. Unguja kusini </p> <p>4. Kisarawe </p> <p>5. Mvomero </p> <p>6. Newala </p> <p>7. Lindi Vijijini </p> <p>8. Ruangwa </p>	
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518	<i>Kumefanyika duru ngapi za majadiliano na wadau kuhusu changamoto zinazozipata taasisi zinazo shughurika na masuala ya unyanyasaji wa kijinsia ?</i>	<div> <div></div> <div></div> </div>	
519	<i>Je kuna Kiasi gani cha wafanyakazi waliopatiwa mafunzo yanayohusu unyanyasaji wa kijinsia ?</i>	<div> <div></div> <div></div> </div>	

520	<i>Je ni kiasi gani cha wateja waliokwisha pata huduma na msaada wa kisheria</i>	1. Wete 	
		2. Unguja Magharibi 	
		3. Unguja kusini 	
		4. Kisarawe 	
		5. Mvomero 	
		6. Newala 	
		7. Lindi Vijijini 	
		8. Ruangwa 	

521	<p><i>Ni kiasi gani cha mikutano ya ushawishi iliokwisha fanyika ?</i></p>	<p>1. Wete </p> <p>2. Unguja Magharibi </p> <p>3. Unguja kusini </p> <p>4. Kisarawe </p> <p>5. Mvomero </p> <p>6. Newala </p> <p>7. Lindi Vijijini </p> <p>8. Ruangwa </p>	
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522	<i>Je ni idadi gani ya sheria na sera za unyanyasaji wa kijinsia zimekwisha fanyiwa mapitio ?</i>	<div> <div></div> <div></div> </div> <i>Zitaje</i>	
523	<i>Je ni idadi gani ya miswada ya unyanyasaji wa kijinsia inayohusu ndoa imepitiwa ?</i>	<div> <div></div> <div></div> </div> <i>Itaje</i>	
524	<i>Je ni kiasi gani cha machapisho ya taarifa, elimu na mawasiliano yamechapishwa na kusambazwa ?</i>	<div> <div></div> <div></div> </div>	

### ***Appendix Iv: Question Guidelines for Key Informant Interviews***

#### QUESTION GUIDES FOR KEY INFORMANT INTERVIEWS SOCIAL WORKER OFFICIALS

Name: \_\_\_\_\_

Title: \_\_\_\_\_

District: \_\_\_\_\_

Contact Details: \_\_\_\_\_

1. What is your understanding of gender based violence? Which forms of gender based violence do you know? (*PROBE to get a number of different offences and their definitions*)
2. Which of these cases do you think occur in your district? How frequent do they occur?
3. What are the causes for gender based violence?
4. What do you understand by the term “equality”, “Empowerment”, and “Right”
5. Are any cases of gender based violence reported to you? *If yes*, how do you handle them? *If not*, whom are they reported to?
6. Once a case is reported? What are the procedures followed? Who is involved? Are there challenges with these procedures? Which improvements could be made? What are the followup mechanism ?
7. Are the cases reported soon after the offence has happened? *If not*, why do you think there are delays in reporting the cases?
8. Who are the common Victims of gender based violence?
9. Who are the common offenders of gender based violence?
10. What are the effects that gender based violence has on a) the GBV survivors and their families, b) the offenders and their families, c) the community, d) the governmental bodies? Do you have records of GBV cases ?
11. What can be done to prevent cases of gender based violence within your district? Who has to do what? What has to be changed? (*PROBE to get exact answers as to who should do what and try to avoid general recommendations.*) How is involvement of women in your district ? What are their roles
12. Are the resources for GBV cases available in your district ?



## ***Appendix V: Question Guides for Key Informant Interviews – Health Personnel***

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Health Center/clinic: \_\_\_\_\_

District: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Which forms of gender based violence do you know? (*PROBE to get a number of different offences and their definition*)

What do you understand by the term “equity”, “Empowerment”, and “Right”

3. Do you receive patients complaining of gender based violence? *If yes*, what nature are the cases you receive?

4. On average, how many cases do you receive a year? Has there been a change over the years? *If yes*, can you give an explanation of the causes of the increase or decrease?

5. Do these patients come soon after they have been offended or not? *If not*, what do you think are the causes in delays of reporting?

6.. What do you do when such patients come to you? What are the steps you take?

7. Are you aware of the evidence required to prove gender based violence for prosecution? *If yes*, what kind of evidence is needed? Do you receive requests to provide such evidence?

8. Are you the first person GBV survivors turn to? *If yes*, which steps do you take and whom do you recommend them to report to next? *If not*, whom have they been reporting to first?

9. Do you have enough personnel to handle such cases? What kind of specific training do you/they have to handle patients that have faced gender based violence? What kind of additional training is required?
10. What problems do you meet when carrying out the examination?
11. In your opinion, how are cases of gender based violence commonly handled within the community if the GBV survivors are not reporting to you?
12. Who should be the key players in collecting evidence and handling cases of gender based violence?
13. How can the processes be improved?
14. What success have you achieved in dealing with GBV ?

## ***Appendix Vi: Question Guides for Key Informant Interviews – Police Personnel***

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Station: \_\_\_\_\_

District \_\_\_\_\_

Contact Details: \_\_\_\_\_

Do you receive any cases of gender based violence at this station?

What do you understand by the term “equity”, “Empowerment”, and “Right”

3. Please name the different cases of gender based violence you receive (*PROBE how many different ones they know/mention apart from rape and defilement – agree on the definition used by both parties, interviewee and interviewer*)?

4. Do you think all cases are reported? *If not*, what are the reasons why they are not reported?

5. Are the cases reported immediately after the offence has happened or not? *If not*, what do you think causes the delay in reporting? Do you have gender desk in your station ?

6. Are all offenders of gender based violence who are reported to this station charged? Why are some cases dropped and never charged? What happens to the GBV survivors and the offenders in such cases?

7. What can be done to raise the numbers of offences reported and charged?

8. What do you do once a case of gender based violence is reported? What are the procedures that you follow? What are the trial requirements and procedures followed to reach conviction?

9. What problems do you meet when carrying out investigations?
10. What do you think is the best way to handle cases of gender based violence? Who should be the key players (for reporting the case, making arrest, collecting evidence, trial, prosecute)?
11. In your opinion, what does the community know about the laws regarding gender based violence?
12. What can be done to raise the responsiveness of the community and the level of understanding the dangers and gravity of gender based violence?
13. Are the gender desk trained in GBV ?
- 14 Are there any discipline measures taken when the GBV cases has been mishandled ?

## ***Appendix Vii : Question Guides for Key Informant Interviews – Teacher***

Name: \_\_\_\_\_ Title: \_\_\_\_\_

School: \_\_\_\_\_ District : \_\_\_\_\_

What do you consider the right age for a girl and a boy to start sexual relations? Why? *Is there a difference between boys and girls, if so, why?*

What do you understand by the term “equity”, “Empowerment”, and “Right”

3. What is your understanding of gender based violence? Which forms of gender based violence do you know? *(PROBE to get a number of different offences and their definitions)*

4. Has any of these cases occurred in your school? *If yes, which?* How often do they occur? What is the sex of the GBV survivors/ offender? What is the age of the survivors/ offender?

5. *If yes*, how are such cases handled by the school authorities? *(who is involved at which step?)*

6. What do you think are the causes of gender based violence? *Please mention some of the cases that have happened in the school as examples: why did they happen and who were the offenders?*

7. What are the consequences of gender based violence on a) the survivor, b) the survivor’s family (and community), c) the offender and the offender’s family, d) the school environment?

8. Are there sexual acts between pupils and teachers that are not reported at your school *(or between teachers or between students)*? What are those acts? Why are they not reported? What prevents the GBV survivors from reporting? Who are the offenders?

9. If a pupil *(or teacher)* reports a case of abuse to you: what advice would you give him/her? How can you help the survivor? Where would you advise the survivor to report the act? Why? What do you think is the appropriate punishment?

10. What can be done to prevent gender based violence within the school environment?

11. What do you suggest as appropriate behaviors that pupils can adopt to avoid dangers of being victims to gender based violence? What do you suggest is the appropriate conduct for teachers towards their pupils?



12. How can the school environment, the teachers, the parents, the community improve to prevent such offences?

## ***Appendix VII: Question Guidelines for Focus Group Discussions***

### GUIDELINES FOR FOCAL GROUP DISCUSSIONS – COMMUNITY MEMBERS FEMALE

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Time discussion started: \_\_\_\_\_ time ended: \_\_\_\_\_

Participants total: \_\_\_\_\_

#### Introduction

1. Introduce facilitators (who you are and the organization)
2. Introduction community members
3. Explain the purpose of the visit: “We want to understand issues of GBV in your community. We will be doing similar interviews with different groups.”
4. Explain how all answers will be treated confidentially: “We will treat all answers with respect and will not share them except as general answers combined from all people who talk to us. We will not give names of individuals, to make you feel comfortable talking with us. Participation in the discussions is completely voluntary and you do not have to answer any questions that you do not want to answer.”

Ask community members whether they are willing to participate in the group interviews.

#### Discussion Guide

1. What problems have women and girls experienced regarding GBV in your community? (PROBE on GBV violence)
2. Can you give examples of gender based violence?

3. Let us do some RANKING together. Here is a list of GBV – each of you has the chance to rank the first, second and third worse offence. (PROBE why the choices are made and why other offences are not considered to be bad)
4. When and where does GBV occur? (POSSIBILITY of initiating a COMMUNITY MAPPING to identify those places that are most unsafe)
5. Who are the perpetrators? What happens to the perpetrators?
6. What are the problems that the women and girls face after the attacks? (PROBE physical, social, and psychological problems)
7. How do GBV survivors of sexual violence cope after the attack?
8. How do community members respond when GBV occurs? What is done to prevent violence? What is done to help survivors? How could these efforts be improved? Do support networks exist within the communities?
9. What social and legal services exist to help address these problems? (PROBE health, police, legal counseling) Who provides these services? How could these efforts be improved? How accessible are they?
10. Has the problem of GBV gotten worse, better, or remained the same over the last 5 years? (POSSIBILITY of drawing a TIMELINE if the participants agree that a lot has changed. PROBE to find out the reasons why they think the changes occurred)
11. What do you understand by the term “equity”, “Empowerment”, and “Right”
12. Do you have forum to discuss GBV issues ? What are the collective followup mechanism ?

#### Closing

1. Thank people for their time and ideas and express how helpful it has been to the facilitators.
2. Explain the next steps: “we will look at all information and will make a report on the findings which will be disseminated among representatives of the community who will then pass it on to you.”

### ***Appendix Viii: Focal Group Discussions – Out of School Youth – Female Only***

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Time discussion started: \_\_\_\_\_ time ended: \_\_\_\_\_

Participants total: \_\_\_\_\_: \_\_\_\_\_ \_

#### **Introduction**

1. Introduce facilitators (who you are and the organization)
2. Introduction the youth
3. Explain the purpose of the visit: “We want to understand issues of GBV in your community. We will be doing similar interviews with different groups.”
4. Explain how all answers will be treated confidentially: “We will treat all answers with respect and will not share them except as general answers combined from all people who talk to us. We will not give names of individuals, to make you feel comfortable

talking with us. Participation in the discussions is completely voluntary and you do not have to answer any questions that you do not want to answer.”

Ask community members whether they are willing to participate in the group interviews.

### **Discussion Guide**

- 1.What problems have women and girls experienced regarding GBV in your community? (PROBE on sexual violence)
- 2.Can you give examples of gender based violence?
- 3.Let us do some RANKING together. Here is a list of GBV – each of you has the chance to rank the first, second and third worse offence. (PROBE why the choices are made and why other offences are not considered to be bad)
- 4.When and where does GBV occur? (POSSIBILITY of initiating a COMMUNITY MAPPING to identify those places that are most unsafe) Why do you think these cases occur?
- 5.Who are the perpetrators? What happens to the perpetrators?
- 6.Who are the GBV survivors? What are the problems that the women and girls face after the attacks? (PROBE physical, social, psychological problems)
- 7.How do survivors of sexual violence cope after the attack?

- 8.What are your PEERS' responses when sexual violence occurs? What is done to prevent violence? What is done to help GBV survivors? How could these efforts be improved? Do support networks exist among peers or within the community?
- 9.What social and legal services exist to help address these problems? (PROBE health, police, legal counseling) Who provides these services? How could these efforts be improved? How accessible are these services?
- 10.Has the problem of GBV getting worse, better, or remain the same over the last 5 years? (POSSIBILITY of drawing a TIMELINE if the participants agree that a lot has changed. PROBE to find out the reasons why they think the changes occurred)
11. What do you understand by the term “equity”, “Empowerment”, and “Right”

## **Closing**

1. Thank the youth for their time and ideas and express how helpful it has been to the facilitators.
2. Explain the next steps: “we will look at all information and will make a report on the findings which will be disseminated among representatives of the community who will then pass it on to you.”

### ***Appendix Ix: Focal Group Discussions – School Children – Female Only***

Location: \_\_\_\_\_

Date \_\_\_\_\_

Time discussion started: \_\_\_\_\_ time ended: \_\_\_\_\_

Participants total: \_\_\_\_\_

#### **Introduction**

1. Introduce facilitators
2. Introduction school children (who you are and the organization)
3. . Explain the purpose of the visit: “We want understand issues of safety of GBV in your community. We will be doing similar interviews with different groups.”
4. Explain how all answers will be treated confidentially: “We will treat all answers with respect and will not share them except as general answers combined from all people who talk to us. We will not give names of individuals, to make you feel comfortable

talking freely with us. Participation in the discussions is completely voluntary and you do not have to answer any questions that you do not want to answer.”

Ask school children whether they are willing to participate in the group interviews.

### **Discussion Guide**

5. .What problems have girls experienced regarding GBV in your school/community? (PROBE on violence)

6.Can you give examples of gender based violence?

7. Let us do some RANKING together. Here is a list of GBV – each of you has the chance to rank the first, second and third worse offence. (PROBE why the choices are made and why other offences are not considered to be bad)

8.When and where does GBV occur? (POSSIBILITY of initiating a SCHOOL MAPPING to identify those places that are most unsafe, where the girls feel most unsafe)

9. Who are the offenders? What happens to the offenders?

16.Who are the survivors? What are the problems that girls face after the attacks? (PROBE physical, social, psychological problems)

10.How can school children protect themselves from gender based violence?



11. How do the community members respond when GBV occurs? What is done to prevent violence? What is done to help GBV survivors? How could these efforts be improved? How accessible are these services?

12. Do support networks exist within the school environment? How does a student report a case? What is done after a student reports a case of gender based violence?

11. What do you understand by the term “equity”, “Empowerment”, and “Right”

## **Closing**

13. Thank school children for their time and ideas and express how helpful it has been to the facilitators.

14. Explain the next steps: “we will look at all information and will make a report on the findings which will be disseminated among representatives of the community who will then pass it on to you.”

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